

## PRESCHOOL FIELD OFFICER SERVICE

## EDUCATOR REQUEST FOR SUPPORT

|  |
| --- |
|  **Please contact the Wyndham City PSFO Service on 9742 8199 if you have any questions about this form.****Send completed forms by email to:** **psfo.service@wyndham.vic.gov.au** **and copy in the parent/guardian****We will acknowledge receipt within one week – if you have not received an email please call to check** |

|  |
| --- |
| **CLIENT SECTION (Educator to Complete)** |
| Name of Centre: |  | Phone: |  |
| Address: |  | Suburb & Postcode: |  |
| Name of Lead Educator: |  | Qualification |  | Years of Experience |  |
| Contact email: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PROGRAM INFO** | Monday | Tuesday | Wednesday | Thursday | Friday |
| **What days does the child attend?** |[ ] [ ] [ ] [ ] [ ]
| **What days does the Educator have non-contact time?** |[ ] [ ] [ ] [ ] [ ]
| **Which Funded program is the child attending?**   |  **3 Year Old** [ ]  **4 Year Old** [ ]  **Additional Year** [ ]  |
| **What is the Group Name**: |  |

|  |  |  |
| --- | --- | --- |
| **Is the child accessing Early Start Kinder?**  |  |  Yes [ ]  No [ ]   |
| **Is the child accessing support through the Early Childhood Approach (NDIS)?**  |  |  Yes [ ]  No [ ]  |
| **Does the child have a diagnosis or are they undergoing assessment for developmental concerns?** |  Yes [ ]  No [ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Primary area of developmental concern** (Select **ONE** only) | Social/Emotional Speech/Communication Behaviour  | [ ] [ ] [ ]  | Cognitive/Play Skills PhysicalOther …. | [ ] [ ] [ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Secondary areas of developmental concern** (Select as many as apply) | Social/Emotional Speech/Communication Behaviour  | [ ] [ ] [ ]  | Cognitive/Play Skills PhysicalOther …. | [ ] [ ] [ ]  |

|  |
| --- |
| **SUPPORT INFORMATION** |
| **Please indicate what we can help with:** |
| Child observation at Kinder | [ ]  | Helping with early intervention referrals /family support referrals | [ ]  | Inclusive strategies, eg resources and modelling | [ ]  |
| Transition support - to kinder, school and in-between | [ ]  | Strengthening communication with families/carers | [ ]  | Support for child funded by the NDIS \* Guidelines apply, please contact us to discuss | [ ]  |
| Conversations e.g. inclusive practice, topics of interest | [ ]  | Developing individual learning plan & supports | [ ]  | Other – please comment below | [ ]  |
| Other – please add comments here (ie if there is anything not listed above that covers what you would like us to help with) |

**Please sign (or add an electronic signature by typing your name) in the box below**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Lead Educator Signature** |  | Print Name |  | Date |  |

|  |
| --- |
| **CHILD & FAMILY SECTION** |
| **CHILD’S DETAILS** |
| Child’s Full Name: |  |
| Date of Birth: |  | Gender: |  |  Male [ ]  Female [ ]  Non-identified [ ]   |
| Home Address: |  |  | Suburb & Postcode: |  |
| Is the child: |  Aboriginal [ ]   |  Torres Strait Islander [ ]   | Both Aboriginal and Torres Strait Islander [ ]   |
| Country of Birth: |  | Language(s) spoken at home: |  |

|  |
| --- |
| **PARENT/GUARDIAN DETAILS** |
| **Parent/****Guardian 1** | Name: |  |  | Relationship to Child: |  |
| Phone: |  | Preferred Language: |  | Country of Birth: |  |
| Email: |  |
| **Parent/****Guardian 2** | Name: |  | Relationship to Child: |  |
| Phone: |  | Preferred Language: |  | Country of Birth: |  |
| Email: |  |
| Is your family of Refugee or Asylum Seeker Background? (This helps us to support your family by booking an interpreter if needed and to help your child and family as best we can) |  Yes [ ]  No [ ]   |
| Does either parent/guardian need an interpreter? |  Parent/Guardian 1 [ ]  Parent/Guardian 2 [ ]  |

|  |
| --- |
| Does your child attend another early years’ service in addition to the service who are referring? Yes [ ]  No [ ]  If Yes, where?  |
| Is your child receiving service from, or on a waiting list for, any of the below: |
| Speech Pathologist [ ]  Paediatrician [ ]  Psychologist [ ]  Occupational Therapist [ ]  Other [ ]   |
| Is there any other information or concerns you would like to share?  |

|  |
| --- |
| **CONSENT OF PARENT/GUARDIAN** |
| * We/I have read the information above and consent to its collection and to the involvement of the Preschool Field Officer Service with my child
 |
| * My/our child’s Educator has discussed with me/us their concerns and the reason for requesting support
 |
| * We/I have received a copy of this form
 |
| * Your and your child’s personal and health information is being collected by Wyndham City Council for the purpose of delivering Preschool Field Officer Services to your child. The information collected will be stored by Council and used to contact and identify you when communicating with Council and may be shared with educators, early intervention, health and welfare service providers in delivering the service.   The information will also be shared with the Department of Education and Training for funding and reporting obligations required of Council. Disclosure of information may occur to other persons or agencies with consent by both parents; or the authorised parent/guardian; or as permitted by law.  For further information on how personal and health information is handled, visit Council’s [Privacy Policy](https://www.wyndham.vic.gov.au/about-council/your-council/administration/privacy-policy-website-privacy-disclaimer) on its website.
 |
| **Please sign (or add an electronic signature by typing your name) in the box below – NB: VERBAL CONSENT IS NOT PERMITTED** |
| **Parent/Guardian Signature****(Only one required)** |  | Print Name |  | Date |  |