

# 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](mailto:psfo.service@wyndham.vic.gov.au) and copy in the parent/guardian whenever possible  
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What days does the Educator have non-contact time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Which program is the child attending?	3 Year Old <input type="checkbox"/>		4 Year Old <input type="checkbox"/>		4 Year old 2 <sup>nd</sup> Year <input type="checkbox"/>
What is the Group Name:					
Are you claiming Kindergarten funding from the Department of Education for this child? (NB please check with your management team if unsure) If you answer No to this question please call our service to discuss	Yes <input type="checkbox"/>			No <input type="checkbox"/>	
Is the child accessing Early Start Kinder?	Yes <input type="checkbox"/>			No <input type="checkbox"/>	
Is the child accessing support through the Early Childhood Approach (NDIS)?	Yes <input type="checkbox"/>			No <input type="checkbox"/>	
Does the child have a diagnosis or are they undergoing assessment for developmental concerns?	Yes <input type="checkbox"/>			No <input type="checkbox"/>	

<b>Primary area of developmental concern</b> (Select <b>ONE</b> only)	Social/Emotional	<input type="checkbox"/>	Cognitive/Play Skills	<input type="checkbox"/>
	Speech/Communication	<input type="checkbox"/>	Physical	<input type="checkbox"/>
	Behaviour	<input type="checkbox"/>	Other ....	<input type="checkbox"/>

<b>Secondary areas of developmental concern</b> (Select as many as apply)	Social/Emotional	<input type="checkbox"/>	Cognitive/Play Skills	<input type="checkbox"/>
	Speech/Communication	<input type="checkbox"/>	Physical	<input type="checkbox"/>
	Behaviour	<input type="checkbox"/>	Other ....	<input type="checkbox"/>

### SUPPORT INFORMATION

Please indicate what we can help with:

Child observation at Kinder	<input type="checkbox"/>	Helping with early intervention referrals /family support referrals	<input type="checkbox"/>	Inclusive strategies, eg resources and modelling	<input type="checkbox"/>
Transition support - to kinder, school and in-between	<input type="checkbox"/>	Strengthening communication with families/carers	<input type="checkbox"/>	Support for child funded by the NDIS * Guidelines apply, please contact us to discuss	<input type="checkbox"/>
Conversations e.g. inclusive practice, topics of interest	<input type="checkbox"/>	Developing individual learning plan & supports	<input type="checkbox"/>	Other – please comment below	<input type="checkbox"/>
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
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## CHILD & FAMILY SECTION

### CHILD'S DETAILS

Child's Full Name:					
Date of Birth:		Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Non-identified <input type="checkbox"/>
Home Address:				Suburb & Postcode:	
Is the child:	Aboriginal <input type="checkbox"/>	Torres Strait Islander <input type="checkbox"/>	Both Aboriginal and Torres Strait Islander <input type="checkbox"/>		
Country of Birth:			Language(s) spoken at home:		

### PARENT/GUARDIAN DETAILS

<b>Parent/Guardian 1</b>	Name:			Relationship to Child:	
Phone:			Preferred Language:		
Email:					
<b>Parent/Guardian 2</b>	Name:			Relationship to Child:	
Phone:			Preferred Language:		
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 <input type="checkbox"/> No <input type="checkbox"/>
Does either parent/guardian need an interpreter?		Parent/Guardian 1 <input type="checkbox"/>		Parent/Guardian 2 <input type="checkbox"/>	

Does your child attend another early years' service in addition to the service who are referring?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, where?		
Is your child receiving service from, or on a waiting list for, any of the below:		
Speech Pathologist <input type="checkbox"/>	Paediatrician <input type="checkbox"/>	Psychologist <input type="checkbox"/>
Occupational Therapist <input type="checkbox"/>	Other <input type="checkbox"/>	
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](#) on its website.

**Please sign (or add an electronic signature by typing your name) in the box below – NB: VERBAL CONSENT IS NOT PERMITTED**

<b>Parent/Guardian Signature (Only one required)</b>		Print Name		Date	
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