



PRESCHOOL FIELD OFFICER SERVICE

EDUCATOR REQUEST FOR SUPPORT

The Preschool Field Officer Service is only available to children attending a Funded Kindergarten Program
 Please contact the Wyndham City PSFO Service on 9742 8199 or email psfo.service@wyndham.vic.gov.au if you have any questions about this form. Send completed forms to the above email address.

KINDERGARTEN & EDUCATOR INFORMATION

Name of Centre:		Phone:	
Address:		Suburb & Postcode:	
Name of Lead Educator:		Qualification	Years of Experience
Contact email:			

PROGRAM INFORMATION	Monday	Tuesday	Wednesday	Thursday	Friday
Please enter the times the child attends each day at your service					
What days does the Educator have non-contact time? If this is flexible please tick all days	<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 nd 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)					Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the child accessing Early Start Kinder?					Yes <input type="checkbox"/> No <input type="checkbox"/>

What is your Primary developmental and learning concern? (Select ONE only)	Social/Emotional <input type="checkbox"/> Speech/Communication <input type="checkbox"/> Behaviour <input type="checkbox"/>	Cognitive/Play Skills <input type="checkbox"/> Physical <input type="checkbox"/> Other <input type="checkbox"/>
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Are there any secondary developmental and learning concerns? (Select as many as apply but different to above)	Social/Emotional <input type="checkbox"/> Speech/Communication <input type="checkbox"/> Behaviour <input type="checkbox"/>	Cognitive/Play Skills <input type="checkbox"/> Physical <input type="checkbox"/> Other <input type="checkbox"/>
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HOW CAN WE HELP?

Please indicate the assistance required by placing numbers 1-4 in the boxes below – Number 1 being your top priority

Child observation at Kinder		Inclusive practices, strategies and support	
Transition support		Helping with referrals /family support	

If there is anything you require help with that is not listed above, please use this space to provide additional information

CHILD & FAMILY INFORMATION

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:	
Is the child in Out of Home Care or known to Child Protection?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the child have a diagnosis?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the child undergoing assessment for developmental concerns?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the child been referred to the Early Childhood Approach (NDIS)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

PARENT/GUARDIAN DETAILS

Parent/ Guardian 1	Name:		Relationship to Child:	
Phone:		Cultural Background:		
Email:				
Parent/ Guardian 2	Name:		Relationship to Child:	
Phone:		Cultural Background:		
Email:				
Is your family of Refugee or Asylum Seeker Background?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would either parent/guardian like an interpreter? If so, please indicate which parent and the language				
Parent/Guardian 1 <input type="checkbox"/>	Language		Parent/Guardian 2 <input type="checkbox"/>	Language

If your child has any siblings please enter their ages below

Sibling 1 Age	Sibling 2 Age	Sibling 3 Age	Sibling 4 Age	Sibling 5 Age

Does your child attend another early years' service in addition to the service who are asking for support? Yes No

If Yes, where?

Is your child on a waiting list for (or have an upcoming appointment with) any of the below:

Speech Pathologist Paediatrician Psychologist Occupational Therapist

Has your child been to an appointment with any of the below:

Speech Pathologist Paediatrician Psychologist Occupational Therapist

If your child is involved with any other services, please explain more here and let us know if there is any other information 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 providing Preschool Field Officer support to your child's educator in their kindergarten program. 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 for funding and reporting obligations required of Council. Disclosure of information may occur to other persons or agencies with your consent; 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

Parent/Guardian Signature (Only one required)		Print Name		Date	
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Lead Educator Signature		Print Name		Date	
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