PRESCHOOL FIELD OFFICER SERVICE

2026 KINDERGARTEN TEACHER REQUEST FOR SUPPORT

This form is for Kindergarten Teachers to request support from the Preschool Field Officer Service for children enrolled in a funded kindergarten program. Teachers are encouraged to complete the form in collaboration with the child's family.

Please complete the form using typed text or block capital letters wherever possible.
Once completed, email the form to: psfo.service@wyndham.vic.gov.au

If you have any questions about the form or the PSFO Service, please contact Wyndham City PSFO Service at (03) 9742 8199 or via the email above.
You will receive an email confirmation within 7 days of submitting your request. If you do not receive confirmation within this timeframe, please contact us to follow up.

KINDERGARTEN & TEACHER INFORMATION						
Name of Centre:				Phone:		
Address:				Suburb:		
Name of Kindergarten Teacher:		Qualification:		Years of Experience:		
Email: (NB must be a work email)						
Kindergarten Teacher Non-Contact Days/Time	Flexible ☐	Mon ☐	Tues ☐	Wed ☐	Thurs ☐	Fri ☐
		Time:	Time:	Time:	Time:	Time:

What is your Primary developmental concern for this child? (Select **ONE** only)					
Social/Emotional	◯	Speech/Communication	◯	Behaviour	◯
Cognitive/Play Skills	◯	Physical	◯	Other ….	◯

Are there any Secondary developmental concerns you have for this child? (Select as many as apply but different to your Primary concern above)					
Social/Emotional	☐	Speech/Communication	☐	Behaviour	☐
Cognitive/Play Skills	☐	Physical	☐	Other ….	☐

HOW CAN WE HELP?			
Please indicate the assistance required by placing number(s) in the boxes below – Number 1 being your top priority			
Child observation at kindergarten		Inclusive practices, strategies and support	
Transition support		Helping with referrals /family support	

Briefly describe what is happening at kindergarten and why support is needed

CHILD INFORMATION			
Child's First Name:		Surname:	
Date of Birth:		Gender:	Male ☐ Female ☐ Other ☐
Is the child:	Aboriginal ☐ Torres Strait Islander ☐		Both Aboriginal and Torres Strait Islander ☐
Country of Birth:		Language(s) spoken at home:	

PROGRAM INFORMATION	Monday	Tuesday	Wednesday	Thursday	Friday
Enter the child's usual attendance times under the days they attend (eg 8.30am-4.00pm)					
Which Funded program is the child attending?	**3-Year-Old** ☐		**4-Year-Old** ☐		
What is the Group/Room Name?					
Is the child attending a 2nd year of Funded Kindergarten?	Yes ☐ No ☐				
Is the child accessing Early Start Kinder?	Yes ☐ No ☐				

Is the child/family of Refugee or Asylum Seeker Background?	Yes ☐ No ☐
Is the child in Out of Home Care?	Yes ☐ No ☐
Is the child known to Child Protection?	Yes ☐ No ☐
Are there any custody orders in place? If Yes, please provide details:	Yes ☐ No ☐

Does the child have a diagnosis?	Yes ☐ No ☐
Is the child undergoing assessment for developmental concerns?	Yes ☐ No ☐
Has the child been referred to the Early Childhood Approach (NDIS) through the Brotherhood of St Lawrence (BSL)?	Yes ☐ No ☐

Has the child been to an appointment (or have one upcoming) with any of the below?							
Speech Pathologist ☐	Paediatrician ☐	Psychologist ☐	Occupational Therapist ☐				
Is the child on a waiting list for any of the below?							
Speech Pathologist ☐	Paediatrician ☐	Psychologist ☐	Occupational Therapist ☐				

FAMILY INFORMATION				
Parent 1	Name:		Relationship to Child:	
Home Address:			Suburb:	
Phone:		Cultural Background:		
Email:				
Would you like an interpreter? Yes ☐ No ☐ If Yes, language preferred:				
Parent 2	Name:		Relationship to Child:	
Phone:		Cultural Background:		
Email:				
Would you like an interpreter? Yes ☐ No ☐ If Yes, language preferred:				

Legal Guardian (if different to parent):	Name:		Relationship to Child (if applicable):	
Phone:		Cultural Background:		
Email:				
Would you like an interpreter? Yes ☐ No ☐ If Yes, language preferred:				

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 any other kindergarten / long day care centre? Yes No
If Yes, please tell us where they attend:

If there is any information you would like to share about your child, please add it below

TEACHER DECLARATION

By signing below, I confirm that:

- I have consulted the family and collaborated with them in the completion of this form.
- I have passed on a completed copy of this form to the family

_____	_____	_____ / _____ / _____
Teacher Signature	Print Name	Date

CONSENT OF PARENT/LEGAL GUARDIAN

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.

- 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
- I confirm that I am the Legal Guardian of this child
- We/I have received a copy of this form

_____	_____	_____ / _____ / _____
Parent / Legal Guardian Signature	Print Name	Date