## PRESCHOOL FIELD OFFICER SERVICE KINDERGARTEN TEACHER REQUEST FOR SUPPORT

**The Preschool Field Officer Service is only available to children enrolled in a Funded Kindergarten Program**

**Please contact the Wyndham City PSFO Service on 9742 8199 or email** [**psfo.service@wyndham.vic.gov.au**](mailto:psfo.service@wyndham.vic.gov.au) **if you have any questions about this form. Complete the form in FULL and send to the above email address.**

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| **KINDERGARTEN & KINDERGARTEN TEACHER INFORMATION** | | | | | | | |
| Name of Centre: |  | | | Phone: |  | | |
| Address: |  | | | Suburb: |  | | |
| Name of Kindergarten Teacher: |  | | Qualification |  | | Years of Experience |  |
| Email: (NB must be a work email) | |  | | | | | |

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| **PROGRAM INFORMATION** | Monday | Tuesday | Wednesday | Thursday | | Friday | |
| **Please enter the times the child usually attends each day at your service (eg 8.30am-4.00pm)** |  |  |  |  | |  | |
| **Which Funded program is the child attending?** | **3 Year Old  4 Year Old** | | | | | |
| **What is the Group Name/Room Number?** |  | | | | | |
| **Is the child attending a 2nd year of Funded 4 year old Kindergarten?** | | | |  | Yes  No | | |
| **Is the child accessing Early Start Kinder?** | | | |  | Yes  No | | |

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| **Kindergarten Teacher Non-Contact Days/Time** | Flexible | Mon | Tues | Wed | Thur | Fri |
| Time: | Time: | Time: | Time: | Time: |

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| **DEVELOPMENTAL CONCERNS** | | | | | |
| **Please indicate your areas of developmental concern for this child by placing number(s) in the boxes below**  **Only select those that apply – Starting with Number 1 being your top concern** | | | | | |
| Social/Emotional |  | Speech/Communication |  | Behaviour |  |
| Cognitive/Play Skills |  | Physical |  | Other …. |  |

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| **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 |  |

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| What are the experiences you are having in your classroom? |

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| **CHILD & FAMILY INFORMATION** | | | | | | | | | | | | |
| **CHILD’S DETAILS (please type or print clearly)** | | | | | | | | | | | | |
| Child’s First Name: |  | | | Surname | | | |  | | | | |
| Date of Birth: |  | | | | Gender: | |  | | Male  Female  Non-identified | | | |
| Home Address: |  | | | | |  | | | Suburb: | |  | |
| Is the child: | Aboriginal | Torres Strait Islander | | | | | | | | Both Aboriginal and Torres Strait Islander | | |
| Country of Birth: |  | | Language(s) spoken at home: | | | | | | | | |  |

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| Is the child in Out of Home Care or known to Child Protection? | 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)? | Yes  No |

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| **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  No |
| If either parent/guardian would like an interpreter, please indicate in the below boxes and state preferred language: | | | | | | | | | | | |
| Parent/Guardian 1 | | | Language: |  | | Parent/Guardian 2 | | | Language: |  | |

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| 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 |
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| 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 any of the below?  Speech Pathologist  Paediatrician  Psychologist  Occupational Therapist |
| Has your child been to an appointment (or have one upcoming) with any of the below? |
| Speech Pathologist  Paediatrician  Psychologist  Occupational Therapist |

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| What are the experiences you are having at home with your child? |

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| **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](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) in the box below – NB: VERBAL CONSENT IS NOT PERMITTED** | | | | | |
| **Parent/Guardian Signature** |  | Print Name |  | Date |  |

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| **Kindergarten Teacher Signature** |  | Print Name |  | Date |  |