

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 if you have any questions
 about this form. Complete the form in FULL and send to the above email address.

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)						

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 2 nd year of Funded 4 year old Kindergarten?				Yes	No
Is the child accessing Early Start Kinder?				Yes	No

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

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	

HOW CAN WE HELP?			
Please indicate the assistance required by placing numbers 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	

Tell us a little bit more about what is happening at Kindergarten and why you are requesting support

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:	

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

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:		

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 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

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

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) 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	
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