

Preschool Field Officer Support Request Form

Email signed forms with subject 'Confidential PSFO PROGRAM' directly to ChildrenServAdminSupport@cgd.vic.gov.au

TEACHER / EDUCATOR SECTION

Child's details			
Child's first name		Child's last name	
Date of birth		Gender	
Country of birth		Language spoken	
Aboriginal and Torres Strait Islander Status	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither		
Funded Enrolment	<input type="checkbox"/> 3-year-old kindergarten <input type="checkbox"/> ESK (Early Start Kinder) <input type="checkbox"/> 4-year-old kindergarten <input type="checkbox"/> 2 ND year of 4-year-old kindergarten		

Child's attendance days/times					
	Monday	Tuesday	Wednesday	Thursday	Friday
Attendance Times					

Kindergarten Information					
Name of Kindergarten		Phone			
Name of Referrer		Role			
Address					
Email*					
Preferred Contact	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> In-person				
	Monday	Tuesday	Wednesday	Thursday	Friday
Planning Time					

*PSFO referrals must be sent from the kindergarten service's @kindergarten.vic.gov.au email, the early childhood teacher's, or early years manager's service email. No private email addresses will be accepted (e.g. @hotmail.com, @gmail.com)

Child's Strengths and Interests (dot points welcome)

About The Referral

Primary reason for referral (please tick one only)

<input type="checkbox"/> Language development	<input type="checkbox"/> Emotional development	<input type="checkbox"/> Physical development (Gross/fine motor)
<input type="checkbox"/> Social development	<input type="checkbox"/> Cognitive development	<input type="checkbox"/> General developmental skills/ behaviour
<input type="checkbox"/> Sensory	<input type="checkbox"/> Self-Care/Independence skills	<input type="checkbox"/> Other _____

Secondary reason for referral (please tick as many as relevant)

<input type="checkbox"/> Language development	<input type="checkbox"/> Emotional development	<input type="checkbox"/> Physical development (Gross/fine motor)
<input type="checkbox"/> Social development	<input type="checkbox"/> Cognitive development	<input type="checkbox"/> General developmental skills/ behaviour
<input type="checkbox"/> Sensory	<input type="checkbox"/> Self-Care/Independence skills	<input type="checkbox"/> Other _____

How can the PSFO best support you to increase your capacity? (Tick all that apply)

<input type="checkbox"/> Child observation	<input type="checkbox"/> Inclusion strategies/planning support	<input type="checkbox"/> Responding to parent's/guardian's concerns
<input type="checkbox"/> Mentoring and coaching	<input type="checkbox"/> Support with referral pathways	<input type="checkbox"/> School readiness/transition/2nd year application
<input type="checkbox"/> Resources	<input type="checkbox"/> Relationship building	<input type="checkbox"/> Adapting to program hour changes
<input type="checkbox"/> Well-being for teams	<input type="checkbox"/> Team teaching/collaboration	<input type="checkbox"/> Understanding behaviour
Written Report Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other _____

I have read the teacher's request for PSFO support

Parent/Guardian Name		Relationship to child	
Parent/Guardian Signature		Date	

FAMILY / GUARDIAN SECTION

First name		Last name	
Relationship to child		Phone	
Address			
Email			
Language spoken at home		Interpreter required	<input type="checkbox"/> Yes <input type="checkbox"/> No Cultural or religious requirements
First name		Last name	
Relationship to child		Phone	
Address			
Email			
Language spoken at home		Interpreter required	<input type="checkbox"/> Yes <input type="checkbox"/> No Cultural or religious requirements
Who does the child live with? (parents, siblings (ages), extended family, Out-of-home-care, etc.,)			
Are there custody arrangements? (If yes, please specify)			
What are your child's interests? What do you hope for your child to achieve?			
What are the experiences you are having at home with your child?			
Other Services			
3.5 year old check with a Maternal Child Health (MCH) nurse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	A vision check in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A hearing check in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	An application made to the NDIS or ECIS CoS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child received a formal diagnosis?	<input type="checkbox"/> Yes. Please Specify _____ <input type="checkbox"/> Waiting for an appointment <input type="checkbox"/> Undergoing assessment <input type="checkbox"/> No		
What do you wish to share about the above assessments?			

Do you access or are you waiting to access other services that could help us to better plan for your child? Yes No

Service Name	Waitlist appointment			Agency / professional		Do you consent to the PSFO making contact to exchange relevant written/verbal information about your child?
	Yes		No			
MCH 3.5-year-old check				Name	Contact details	<input type="checkbox"/> Yes <input type="checkbox"/> No Initial for consent _____
Long Day Care or Family Day Care				Name	Contact details	<input type="checkbox"/> Yes <input type="checkbox"/> No Initial for consent _____
Supported Playgroup				Name	Contact details	<input type="checkbox"/> Yes <input type="checkbox"/> No Initial for consent _____
NDIS / ECIS CoS Plan				Name	Contact details	<input type="checkbox"/> Yes <input type="checkbox"/> No Initial for consent _____
Access Early Learning (AEL)				Name	Contact details	<input type="checkbox"/> Yes <input type="checkbox"/> No Initial for consent _____
Speech Therapist				Name	Contact details	<input type="checkbox"/> Yes <input type="checkbox"/> No Initial for consent _____
Psychologist				Name	Contact details	<input type="checkbox"/> Yes <input type="checkbox"/> No Initial for consent _____
Occupational Therapist (OT)				Name	Contact details	<input type="checkbox"/> Yes <input type="checkbox"/> No Initial for consent _____
Physiotherapist				Name	Contact details	<input type="checkbox"/> Yes <input type="checkbox"/> No Initial for consent _____
Paediatrician				Name	Contact details	<input type="checkbox"/> Yes <input type="checkbox"/> No Initial for consent _____
Other				Name	Contact details	<input type="checkbox"/> Yes <input type="checkbox"/> No Initial for consent _____

We/I have read the information above, and my/our child's educator has discussed with me the reasons for requesting support. I acknowledge I can request a copy of this form.

PARENT/GUARDIAN CONSENT

This form is to be completed by the parent/guardian who has legal custody of the child.

I hereby consent to the referral of my child to the Preschool Field Officer, and I give permission for the PSFO to observe my child in the kindergarten environment. This may include written, verbal and photo observations, contacting, visiting, and collaborating with agencies or services for additional information.

Parent/Guardians name: _____

Signature: _____ Date: _____

Privacy Statement

We respect your privacy. We will not sell or give away your personal information, unless required by law. Occasionally we may use your details for our own research purposes or let you know about other council information. If you want to see your personal data, modify your details, or if you receive information from us you do not want in the future, please contact 8571 1400. Your details may be collected and disclosed to the Department of Education (the department) for specific purposes, including for the department's auditing, monitoring, and reporting.

 Phone 8571 1000  Fax 8571 5196  council@cgd.vic.gov.au	 TTY: 133 677 Speak and listen: 1300 555 727 Internet: www.iprelay.com.au  TIS: 13 14 50	Find us online  www.greaterdandenong.com  www.facebook.com/greaterdandenong  www.twitter.com/greaterdandy  www.youtube.com/citygreaterdandenong
--	---	---