

Preschool Field Officer Support Request Form

Email completed forms 'Confidential PSFO PROGRAM' directly to ChildrenServAdminSupport@cgd.vic.gov.au

All sections must be completed and signed to be accepted by the PSFO PROGRAM

PARENT / FAMILY SECTION			
CHILD'S DETAILS			
CHILD'S NAME		GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Diverse
DATE OF BIRTH			
HOME ADDRESS		SUBURB	
COUNTRY OF BIRTH		CULTURAL BACKGROUND	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Other (please specify)
LANGUAGE SPOKEN AT HOME	<input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/> Interpreter required? <input type="checkbox"/> Language dialect?	CHILD'S FIRST YEAR AT KINDERGARTEN?	<input type="checkbox"/> Yes <input type="checkbox"/> No (3 year old kindergarten) <input type="checkbox"/> No (Early Start Kindergarten) <input type="checkbox"/> No (Access to Early Learning) <input type="checkbox"/> No second year under DET guidelines
WHO DOES THE CHILD LIVE WITH?	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other/Guardian (please specify)	ARE THERE CUSTODY ARRANGEMENTS?	<input type="checkbox"/> Yes (Please specify) <input type="checkbox"/> No
PARENT / GUARDIAN DETAILS	Mother's Name Mobile Email	Father's Name Mobile Email	Other/Guardian's Name Mobile Email
SIBLINGS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name Age	Name Age
HEALTH CHECK COMPLETED?	<input type="checkbox"/> Yes 3.5 - 4 year old check by Maternal and Child Health Nurse	<input type="checkbox"/> Yes 3- 4 year old check by GP	<input type="checkbox"/> No
VISION CHECK?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Outcome
HEARING CHECK?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Outcome
CHILD HAS FORMAL DIAGNOSIS?	<input type="checkbox"/> Yes (please specify) <input type="checkbox"/> No awaiting diagnosis	Date	Outcome

CHILD RECEIVES EARLY INTERVENTION SERVICES?	<input type="checkbox"/> Yes Early Intervention Services <input type="checkbox"/> Yes with NDIS plan <input type="checkbox"/> No <input type="checkbox"/> No awaiting NDIS plan/referral	Provider Name	Contact details
CHILD RECEIVES ALLIED HEALTH SERVICES?	<input type="checkbox"/> Speech Therapist <input type="checkbox"/> Paediatrician <input type="checkbox"/> Psychologist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Other	Provider Name	Contact details
FUNDED KINDERGARTEN SERVICE DETAILS	Name of Service/Group	Address of Service	Days/times attending
EDUCATOR DETAILS	Name	Contact	Email
CHILD ATTENDS EARLY YEARS SERVICES?	<input type="checkbox"/> Family Day Care <input type="checkbox"/> Long Day Care <input type="checkbox"/> Occasional Child Care	<input type="checkbox"/> Supported Playgroup <input type="checkbox"/> Community Playgroups	<input type="checkbox"/> Other
CHILD STRENGTHS AND INTERESTS			
CHILD DEVELOPMENTAL CONCERNS			
WHAT STRATEGIES HAVE YOU TRIED AT HOME?			
IS THERE ANYTHING AT HOME AFFECTING YOUR CHILD'S BEHAVIOUR?			

PARENT/GUARDIAN CONSENT

This form is to be completed by the parent 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

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

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EARLY CHILDHOOD	TEACHER / EDUCATOR	REFERRER SECTION	
CHILD DEMONSTRATES STRONG SENSE OF IDENTITY	(Please tick if observed) <input type="checkbox"/> Confidence <input type="checkbox"/> Independence <input type="checkbox"/> Resilience <input type="checkbox"/> Empathy <input type="checkbox"/> Respect <input type="checkbox"/> Self-Regulation <input type="checkbox"/> Affect <input type="checkbox"/> Attachment <input type="checkbox"/> Sense of Humour <input type="checkbox"/> Self-Concept	Strengths	Areas for development Strategies Implemented
CHILD IS CONNECTED WITH AND CONTRIBUTES TO WORLD	<input type="checkbox"/> Interaction with peers <input type="checkbox"/> Interaction with adults <input type="checkbox"/> Interaction with family <input type="checkbox"/> Participates in group play <input type="checkbox"/> Turn taking <input type="checkbox"/> Following instruction <input type="checkbox"/> Sharing <input type="checkbox"/> Coping with change of routine <input type="checkbox"/> Respect of environment <input type="checkbox"/> Respect of community <input type="checkbox"/> Respect of self	Strengths	Areas for development Strategies Implemented
CHILD IS CONFIDENT AND INVOLVED LEARNERS	<input type="checkbox"/> Play skills <input type="checkbox"/> Concentration <input type="checkbox"/> Attention <input type="checkbox"/> Problem Solving <input type="checkbox"/> Drawing Skills <input type="checkbox"/> Group Learning Skills <input type="checkbox"/> Persists with Challenges <input type="checkbox"/> Memory <input type="checkbox"/> Initiates Activities	Strengths	Areas for development Strategies Implemented

EARLY CHILDHOOD TEACHER / EDUCATOR / REFERRER SECTION			
CHILD'S COMMUNICATION	<input type="checkbox"/> Language	Strengths	Areas for development
	<input type="checkbox"/> Verbal		
	<input type="checkbox"/> non-Verbal		
	<input type="checkbox"/> Expression		
	<input type="checkbox"/> Comprehension		
	<input type="checkbox"/> Articulation		
	<input type="checkbox"/> Pragmatics		Strategies Implemented
	<input type="checkbox"/> Interest in text		
	<input type="checkbox"/> understand symbols and patters		
	<input type="checkbox"/> ESL		
CHILD'S PHYSICAL AND WELLBEING	<input type="checkbox"/> Motor Skills	Strengths	Areas for development
	<input type="checkbox"/> Coordination		
	<input type="checkbox"/> Awareness and Safety		
	<input type="checkbox"/> Motor Planning		
	<input type="checkbox"/> Sensory Processing		
			Strategies Implemented
CHILD'S SELF CARE WELLBEING	<input type="checkbox"/> Eating	Strengths	Areas for development
	<input type="checkbox"/> Dressing		
	<input type="checkbox"/> Degree of independence		
	<input type="checkbox"/> Toileting		
			Strategies Implemented
REFERRAL REQUEST	<input type="checkbox"/> Child Observation	<input type="checkbox"/> Educator Mentoring	<input type="checkbox"/> Other
	<input type="checkbox"/> Support with referral pathways	<input type="checkbox"/> Inclusion Support	
	<input type="checkbox"/> Responding to parent concerns	<input type="checkbox"/> Program Strategies	
		<input type="checkbox"/> Family Meeting	
EARLY CHILDHOOD TEACHER / EDUCATOR / REFERRER CONSENT			
Name:	Agency Name:	Phone:	Email:
<i>(Office use only)</i>	<i>Date received:</i>	<i>Iris code:</i>	<i>Checked by intake and confirmation email sent:</i> <input type="checkbox"/>