

## **Preschool Field Officer Support Request Form**

Email completed forms 'Confidential PSFO PROGRAM' directly to <a href="mailto:ChildrenServAdminSupport@cgd.vic.gov.au">ChildrenServAdminSupport@cgd.vic.gov.au</a>

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

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

CHILD RECEIVES EARLY INTERVENTION SERVICES?	☐ Yes Early Intervention Services ☐ Yes with NDIS plan	Provider Name	Contact details
	□ No		
	☐ No awaiting NDIS plan/referral		
CHILD RECEIVES ALLIED HEALTH	☐Speech Therapist	Provider Name	Contact details
SERVICES?	☐ Paediatrician		
	□Psychologist		
	Occupational Therapist		
	Other		
FUNDED KINDERGARTEN SERVICE DETAILS	Name of Service/Group	Address of Service	Days/times attending
EDUCATOR DETAILS	Name	Contact	Email
CHILD ATTENDS EARLY YEARS SERVICES?	☐ Family Day Care ☐ Long Day Care ☐ Occasional Child Care	☐ Supported Playgroup☐Community Playgroups	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

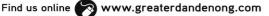




TTY: 133 677 Speak and listen: 1300 555 727 Internet: www.iprelay.com.au













EARLY CHILDHOOD	TEACHER / EDUCATOR	REFERRER SECTION	
CHILD DEMONSTRATES	(Please tick if observed)	Strengths	Areas for development
STRONG SENSE OF IDENTITY	□ Confidence		
IDENTITY	□ Independence		
	☐ Resilience		
	☐ Empathy		
	□ Respect		
	☐ Self-Regulation		Strategies Implemented
	□ Affect		
	☐ Attachment		
	☐ Sense of Humour		
	☐ Self-Concept		
CHILD IS CONNECTED WITH	☐ Interaction with peers	Strengths	Areas for development
AND CONTRIBUTES TO WORLD	☐ Interaction with adults		
10 1101125	☐ Interaction with family		
	☐ Participates in group play		
	□ Turn taking		
	☐ Following instruction		
	□ Sharing		Strategies Implemented
	☐ Coping with change of routine		
	☐ Respect of environment		
	☐ Respect of community		
	☐ Respect of self		
CHILD IS CONFIDENT	☐ Play skills	Strengths	Areas for development
AND INVOLVED LEARNERS	☐ Concentration		
	☐ Attention		
	☐ Problem Solving		
	☐ Drawing Skills		
	☐ Group Learning Skills		
	☐ Persists with Challenges		Strategies Implemented
	□ Memory		
	☐ Initiates Activities		

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