



**Use this form to:**

Refer a child to a Preschool Field Officer (PSFO) for observation and consultation

**To be eligible for PSFO consultation, the child must be:**

- Attending funded 4-year-old kindergarten program
- Attending funded 3-year-old kindergarten program
- Attending an Early Start funded kindergarten program

**Both Early Childhood Teacher and family are required to complete their section of this form.**

**Before you begin:**

It takes about 15 minutes each (teacher and family) to complete your section of this form and you will need to:

- state the child's name and date of birth
- state your name, address, email address and phone number
- ensure family/guardians read and sign the declaration of consent
- read the Hobsons Bay City Council Privacy Statement [at the end of the document](#)

**To complete this form, please follow these steps:**

1. Early Childhood Teacher to complete Child's details section with the family
2. Family to complete the Family section
3. Early Childhood Teacher to complete Kindergarten section
4. The family and Early Childhood Teacher to review completed document and sign
5. Early Childhood Teacher to scan and email completed/reviewed referral form (pdf) to [psfo@hobsonsbay.vic.gov.au](mailto:psfo@hobsonsbay.vic.gov.au) and "cc" parent/s so they receive a copy of the completed referral form.

**What happens to your information?**

- Some details are required by Department of Education and Training from which de-identified data is used for statistical purposes and planning
- Information is stored on a secure information management system and is only available to Hobsons Bay City Council PSFOs

**Further questions?**

If you have concerns or questions regarding this form, please contact the Preschool Field Officer on **9932 1540**.



The Preschool Field Officer (PSFO) program is a targeted and time limited capacity building program. It supports children to participate in funded kindergarten programs. The aim is to assist Early Childhood Teachers and Educators to enhance their confidence, knowledge and skills to provide an inclusive environment for all children.


Child's Details:				
Name				
Date of Birth			Gender	
Home Address				
Suburb			Postcode	
Is the child (please circle)	Aboriginal	Torres Strait Islander	Both	Neither
Country of Birth		Language(s) spoken at home		Does the child require an interpreter? Yes / No
Does the child attend other early childhood settings (i.e. long day care, family day care, playgroup?)		Yes – please list		No

FAMILY TO COMPLETE					
Family Contact/s:		1.		2.	
Name					
Relationship to child					
Preferred phone contact					
Email contact					
Your preferred language					
Do you require an interpreter?		Yes / No		Yes / No	
Who lives in the family home?					
Are you or a member of your family Health Care Card holders?		Yes		No	
Child's Health Information:					
Does the child have a formal diagnosis? If yes, please specify		Yes / No		Does the child have an NDIS (ECEI) plan or short-term support?	
Yes / No		Yes / No		Yes / No	
Hearing checked DATE	Yes / No	Vision checked DATE	Yes / No	MCH 3 ½ Year- Old visit	Yes / No

**Health and Community Services your child has been referred to or has received / is receiving:**

For example – Speech Pathologist, Paediatrician, Psychologist, Occupational Therapist, Early Intervention Service, other.

Service	Name of agency / professional	Contact Details (phone/ email)	Current / waiting / past	Permission for PSFO to contact

What are your child's strengths and interests?	
Please describe any concerns you have about our child's development and learning  List strategies that you have tried to assist your child	
What would you like to happen for your child in the next 12 months?	
Is there any additional information that would be useful for us to know?	
Your level of concern (please mark on the line)	 <p>Not concerned                      A bit concerned                      Very concerned</p>

EARLY CHILDHOOD TEACHER TO COMPLETE			
<b>Early Childhood Teachers Details:</b>			
Your name		Your role	
Name / address of service			
Your preferred contact phone number/s		Best day / time to contact	
Your preferred email			

	Monday	Tuesday	Wednesday	Thursday	Friday
Child's attendance times (i.e. 8.30am to 12.30pm)					
Group name					
Planning time					

Does the child attend:		
3 -year- old kindergarten	4-year-old kindergarten	Other
Does the child receive Early Start Kindergarten?	Yes	No
Is this the child's second year of funded 4-year-old kindergarten?	Yes	No
Has the Preschool Field Officer been used before for this child?	Yes	No
Has the Early ABLES assessment been completed for this child?	Yes	No <i>It is strongly recommended that you complete an Early ABLES assessment</i>

What are you hoping for from the referral? Please circle relevant statements	Child Observation	Responding to parent's concerns	Resources	2 <sup>nd</sup> year kindergarten discussion
	Support with referral pathways	Mentoring / coaching support	Strategies	Other:

<p>What are the child's strengths and what do they enjoy doing?</p>	
<p>Please list any areas of developmental concern and how these impact the child's learning and participation?</p>	
<p>How are you currently supporting the child's inclusion and participation in the program?</p>	
<p>Have you referred the child or family to any services or professionals apart from the PSFO service? (Please list)</p>	

**PRIVACY COLLECTION STATEMENT**

Hobsons Bay City Council is committed to protecting your privacy. The personal information collected in this form will be used by the Council's Early Years Services in the planning and provision of appropriate services to your child/ren and will be disclosed to persons connected with early years services for your child. Your Details may be collected and disclosed to the Department of Education and Training (the Department) for specific purposes, including for the Department's auditing, monitoring and reporting. This personal information will not be disclosed to any external party without your consent, unless required or authorised by law. You have a right to access your personal information and make corrections. If you have any queries or wish to gain access to amend your information, please contact Council's Early Years Unit on **9932 1540**.

**PARENT / GUARDIAN CONSENT**

I / we have read the information and consent to its collection and referral of my child to the Pre School Field Officer. I / we understand that the Preschool Field Officer (PSFO) will observe my child in the Kindergarten and if required, discuss their visit with myself, the teacher and other relevant professionals. I / we have read the Hobsons Bay Council Privacy Collection Statement. I / we understand that only the parent / guardian (s) who sign below can be contacted with regards to this referral.

<b>Parent / Guardian 1</b>	<b>Parent / Guardian 2</b>
Print name:	Print Name:
Signature:	Signature:
Date:	Date:

<b>Early Childhood Teacher</b>
Print Name:
Signature:
Date:

**Please contact the Preschool Field Officer on 9932 1540 if you have any questions about this form.**

**Send completed forms marked 'Confidential' to: [psfo@hobsonsbay.vic.gov.au](mailto:psfo@hobsonsbay.vic.gov.au)**