HOBSONS BAY CITY COUNCIL

PRESCHOOL FIELD OFFICER REFERRAL FORM 2021

ALL SECTIONS OF THIS FORM MUST BE COMPLETED IN FULL BY THE EDUCATOR AND PARENT/GUARDIAN

CHILD'S DETAILS			
Child's Name:			
Date of Birth:		Gender: ☐ Female ☐ Male ☐ Gender Diverse	
Home Address :		Suburb:	Postcode:
Is the child:	☐ Aboriginal	☐ Torres Strait Islander	☐ Both Aboriginal and Torres Strait Islander
Country of Birth:		Language(s) spoken at home:	

PARENT/GUARDIAN DETAILS			
Carer 1	Name:		Relationship to Child:
Phone	Home:	Work:	Mobile:
Email:		Preferred Language:	
Carer 2	Name:		Relationship to Child:
Phone	Home:	Work:	Mobile:
Email:		Preferred Language:	

Do you require the use of an interpreter? Language:	☐ Yes	☐ No
Has the child had their 3 1/2 to 4 year old Maternal Child Health check?	☐ Yes	☐ No
If **No**, you can contact the Council for your local Maternal and Child Health Centre on 99321300.		
If **Yes**, were there any recommendations?		
Does the child attend other early childhood settings (eg: long day care, family day care, playgroup?)	☐ Yes	☐ No
If Yes, where and when?		
Does the child have a formal diagnosis or awaiting diagnosis? If Yes, please specify:	☐ Yes	☐ No
Is the child currently receiving Early Intervention Services or NDIS support?	☐ Yes	☐ No
Does the child have an NDIS plan? (please attach)	☐ Yes	☐ No
Are you or a member of your family Health Care card holders?	☐ Yes	☐ No

Other services the child has been receiving or has been referred to – please provide information below and attach relevant reports.				
Services	Name of Agency	Name of Professional	Phone	Email Address
Speech Therapist				
Paediatrician				
Psychologist				
Occupational Therapist				
Other				

Contact with the listed agencies will be used (where appropriate) to assist in developing consistent strategies.
If you do not wish these services to be contacted please tick here ☐

PARENT TO COMPLETE

What are your child's strengths and interests?

Do you have concerns about your child's development or learning?

List strategies you have tried

Parent/Guardian level of concern (please tick)

☐ **Not Concerned** ☐ **A Little Concerned** ☐ **Very Concerned** ☐ **Extremely Concerned**

EARLY CHILDHOOD EDUCATOR TO COMPLETE (please attach additional pages if needed)

Concerns- describe the concerns regarding the child's development

Strategies- describe the strategies you have implemented / tried

SERVICE INFORMATION

Name of Centre:	Phone:	
Address:	Suburb:	Postcode:
Centre/Early Childhood Educator's work email:		

Please provide child's attendance times for each day (e.g. 8.30am to 12.30pm)

	Monday	Tuesday	Wednesday	Thursday	Friday
am					
pm					
Group Name					
Educator Planning time					

Please tell us the best day and time of the week to contact you to discuss this referral	

Is this child attending your funded 4 year old program?	☐ Yes	☐ No
Is this the child's second year of funded 4 year old kindergarten?	☐ Yes	☐ No
Have you utilised the Preschool Field Officer Service before for this child?	☐ Yes	☐ No
Is this child accessing Early Start Kinder?	☐ Yes	☐ No

Early ABLES:

It is strongly recommended that you complete an Early ABLES assessment - have you completed an assessment for this child?

☐ Yes (please attach) ☐ No

If yes, date assessment was completed:

Please contact the PSFO for support with using the Early ABLES assessment tool.

REFERRAL INFORMATION

Please select one of the following options to indicate your reason for referral

☐ 4 Year Old Service

☐ 3 Year Old Service

☐ Other _____

CHILD'S DEVELOPMENT

Please tell us about the child's strengths and what he/she enjoys participating in.

Please list any areas of developmental concern and how these impact on the child's learning.

Please tell us about how you are currently supporting the child's inclusion and participation on the program.

Have you referred the child or family to any services or professionals apart from the PSFO service? If so, where?

What are you hoping for from the referral

- ☐ Child Observation
- ☐ Support with referral pathways
- ☐ Responding to parent concerns
- Other _____
- ☐ Educator mentoring / coaching support
- ☐ Resources
- ☐ Strategies
- ☐ 2nd year Kinder discussion

If the referral was not made by the child's Early Childhood Educator, please complete the below	
Agency Name:	Phone:
Contact Name:	Email:
Signature:	Date:

PRIVACY COLLECTION STATEMENT
Hobsons Bay City Council is committed to protecting your privacy. The personal information collected on this form will be used by Council's Early Years Services in the planning and provision of appropriate services to your child(ren), and will only be disclosed to persons in connection with early years' services for your child. 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 1000.

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 Pre School Field Officer 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 Hobson's 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.

Parent / Guardian 1	Parent / Guardian 2 (if applicable)
Print name:	Print name:
Signature:	Signature:
Date:	Date:

Early Childhood Educator
Print name:
Signature:
Date:

Please contact the Hobsons Bay Council PSFO Service on 99321613 / 99321595 if you have any questions about this form.

Send completed forms marked "confidential" to:
Preschool Field Officer Service
P.O. Box 21
Altona, Victoria 30
OR
preschoolfieldofficer@hobsonsbay.vic.gov.au