

# HOBSONS BAY CITY COUNCIL

## PRESCHOOL FIELD OFFICER

### REFERRAL FORM 2024

#### USE THIS FORM TO REFER A CHILD TO A PRESCHOOL FIELD OFFICER (PSFO) FOR OBSERVATION AND CONSULTATION

The Preschool Field Officer Program is a targeted and time limited capacity building program which aims to assist Teachers and Early Childhood Educators enhance their confidence, knowledge and skills to provide an inclusive environment for children in state funded kindergarten programs.

**\*BOTH Early Childhood Teacher and family are required to complete this form in collaboration with one another.**

#### TO COMPLETE THIS FORM, PLEASE FOLLOW THESE STEPS:

1. Early Childhood Teacher to complete form with the Child's Family
2. The family and Early Childhood Teacher to review completed document and sign
3. Early Childhood Teacher to scan and email completed/reviewed referral form (pdf) to **psfo@hobsonsbay.vic.gov.au** and parents so they receive a copy of the completed referral form.

#### Further questions?

If you have concerns or questions regarding this form, please contact the Preschool Field Officer on **9932 1540**.  
**Hobsons Bay City Council is committed to being a child safe organisation and has zero tolerance for child abuse.**

#### 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 including Community Child Health 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 (the Department) for specific purposes, including the Department's auditing, monitoring and reporting. This personal information will not be disclosed to any external party without your consent, unless it is required to be authorised by law. You have the right to access your personal information, please contact the 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 Preschool 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 City 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

PRINT NAME		PRINT NAME	
SIGNATURE		SIGNATURE	
DATE		DATE	

#### EARLY CHILDHOOD TEACHER

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**

## CHILD'S DETAILS

NAME		
DETAILS	DOB    ___/___/___	GENDER
PROGRAM	EARLY START KINDER <input type="checkbox"/>	3YO KINDER <input type="checkbox"/>
	4YO KINDER <input type="checkbox"/>	4YO KINDER SECOND YEAR <input type="checkbox"/>

## FAMILY TO COMPLETE

	PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
FAMILY NAME		
RELATIONSHIP TO CHILD		
PREFERRED CONTACT PHONE OR EMAIL		
LANGUAGE(S) SPOKEN AT HOME	DO YOU REQUIRE AN INTERPRETER?	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
WHO LIVES IN THE FAMILY HOME?	HEALTH CARE CARD HOLDER	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
HEARING CHECKED	VISION CHECKED?	MCH 3½ YEAR CHECK?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
YOUR LEVEL OF CONCERN (PLEASE MARK ON THE LINE)		

## CHILD'S ATTENDANCE DAYS/ TIMES

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
ATTENDANCE DAYS/TIMES					

## EARLY CHILDHOOD TEACHER TO COMPLETE

YOUR NAME	
YOUR ROLE	
PREFERRED CONTACT NUMBER(S)	
NAME OF SERVICE	
ADDRESS OF SERVICE	
BEST DAY/TIME TO CONTACT	
YOUR PREFERRED EMAIL	

## CHILD'S STRENGTHS AND INTERESTS

Please list

## REASON FOR REFERRAL?

What observations of the child and /or discussions with the family have prompted this referral?

## ARE THERE OTHER PROFESSIONALS INVOLVED?

Tick all that apply

<b>PAEDIATRICIAN</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>SPEECH PATHOLOGY</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>OCCUPATIONAL THERAPY</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>PSYCHOLOGY</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>NDIS</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>OTHER</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>FORMAL DIAGNOSIS</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Please list</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO

## PLEASE DESCRIBE ANY STRATEGIES THAT YOU HAVE TRIED?

Any successes? Discussions with family?

## HOW CAN THE PSFO BEST SUPPORT YOU TO INCREASE YOUR CAPACITY TO INCLUDE THIS CHILD?

Tick all that apply

CHILD OBSERVATION <input type="checkbox"/>	RESPONDING TO PARENT'S CONCERNS <input type="checkbox"/>	RESOURCES <input type="checkbox"/>	SCHOOL READINESS <input type="checkbox"/>
SUPPORT WITH REFERRAL PATHWAYS <input type="checkbox"/>	MENTORING/ COACHING SUPPORT <input type="checkbox"/>	STRATEGIES <input type="checkbox"/>	OTHER: <input type="checkbox"/>