

Preschool Field Officer - Referral Form

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) FULL NAME		(PRINT) FULL NAME	
SIGNATURE		SIGNATURE	
DATE		DATE	

EARLY CHILDHOOD TEACHER	
(PRINT) FULL 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

***ALL SECTIONS MUST BE COMPLETED**

CHILD'S DETAILS			
FIRST NAME		SURNAME	
DETAILS	DOB	___/___/___	GENDER
PROGRAM	3yo Kindergarten	<input type="checkbox"/>	3yo Additional year <input type="checkbox"/>
	4yo Kindergarten	<input type="checkbox"/>	4yo Additional year <input type="checkbox"/>
	Is the child accessing a state funded kindergarten program		<input type="checkbox"/> YES <input type="checkbox"/> NO
PRE-PREP/ESK: (required)	Is the child pre-prep/ESK		<input type="checkbox"/> YES <input type="checkbox"/> NO
	Is the child from a refugee or asylum seeker background		<input type="checkbox"/> YES <input type="checkbox"/> NO
INDIGENOUS STATUS (required)	Aboriginal	<input type="checkbox"/> YES <input type="checkbox"/> NO	Torres Strait Islander <input type="checkbox"/> YES <input type="checkbox"/> NO

FAMILY TO COMPLETE		
	PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
FULL NAME		
RELATIONSHIP TO CHILD		
EMAIL ADDRESS (required)		
PARENT PHONE NUMBER		
POSTCODE		
LANGUAGE(S) SPOKEN AT HOME?		
WHO LIVES IN THE FAMILY HOME?		
INTERPRETER REQUIRED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
HEALTH CARE CARD HOLDER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
MCH 3½ YEAR CHECK?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

CHILD'S ATTENDANCE DAYS/ TIMES										
DAYS (please tick)	MONDAY	<input type="checkbox"/>	TUESDAY	<input type="checkbox"/>	WEDNESDAY	<input type="checkbox"/>	THURSDAY	<input type="checkbox"/>	FRIDAY	<input type="checkbox"/>
TIMES										

EARLY CHILDHOOD TEACHER TO COMPLETE		
YOUR NAME		
YOUR ROLE		
NAME OF SERVICE		
ADDRESS OF SERVICE		
PHONE NUMBER OF SERVICE		
BEST CONTACT (DAY)		(TIME)
YOUR SERVICE EMAIL		
YOUR LEVEL OF CONCERN (PLEASE MARK ON THE LINE)		
LIST CHILD'S STRENGTHS AND INTERESTS		

REASON FOR REFERRAL

FROM THE LIST BELOW, SELECT (ONE PRIMARY) AND (ONE SECONDARY) CONCERN. (Required)

PRIMARY CONCERN (Select one from below options)			
SECONDARY CONCERN (Select one from below options)			
PLAY SKILLS	SOCIAL/EMOTIONAL	SELF HELP/ SELF CARE	DEVELOPMENTAL
BEHAVIOUR	COMMUNICATION	PHYSICAL SKILLS	NUTRITION/ DIET
SCHOOL/ KINDERGARTEN READINESS		OTHER	

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

ARE THERE OTHER PROFESSIONALS INVOLVED? (Tick all that apply)

PAEDIATRICIAN <input type="checkbox"/> YES <input type="checkbox"/> NO	SPEECH PATHOLOGIST <input type="checkbox"/> YES <input type="checkbox"/> NO	OCCUPATIONAL THERAPIST <input type="checkbox"/> YES <input type="checkbox"/> NO	PSYCHOLOGIST <input type="checkbox"/> YES <input type="checkbox"/> NO
NDIS <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER (ie: Audiologist/ENT/Optomtrist/Dietician) <i>Please list:</i>	FORMAL DIAGNOSIS <i>Please list:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
OUTCOME/RECOMMENDATIONS (if applicable)			

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)

REFLECTIVE PRACTICE & ADVICE (Coaching and mentoring) <input type="checkbox"/>	PARTNERSHIPS WITH FAMILIES (Support educators in communicating and building partnerships with families) <input type="checkbox"/>	RESOURCES (Explore resources to enable children to experience success) <input type="checkbox"/>	STRATEGIES (Share strategies and adaptations to the program to ensure learning and development opportunities for the child) <input type="checkbox"/>
RESPECTFUL RELATIONSHIPS (Support educators build inclusive, equitable and diverse programs) <input type="checkbox"/>	CHILD OBSERVATIONS AND/OR DISCUSSIONS (Learning and Development) <input type="checkbox"/>	INTEGRATED TEACHING AND LEARNING (Discuss inclusive personalised play-based learning opportunities) <input type="checkbox"/>	REFERRAL PATHWAYS (School/kinder/Allied health/Professionals) <input type="checkbox"/>
KIS APPLICATION SUPPORT <input type="checkbox"/>	ADDITIONAL YEAR OF KINDERGARTEN/ SCHOOL READINESS <input type="checkbox"/>	OTHER (please specify):	