







Please see page 5 for instructions on completing and submitting this form.

CLIENT/EARLY CHILDHOOD SERVICE DETAILS:					
Early Childhood Teacher(s) Name:			Years as an ECT:		
Service Name:			Phone:		
Address:			Postcode:		
Contact email:					
Kindergarten Type: <input type="checkbox"/> Long Day Care <input type="checkbox"/> Preschool/Kindergarten		Year of Attendance: 20 ____		Group Size:	
Group/Room Name:		Program child is attending: <input type="checkbox"/> 3-year-old funded kindergarten <input type="checkbox"/> Early Start Kindergarten <input type="checkbox"/> 4-year-old funded kindergarten <input type="checkbox"/> Second year of funded 4-year-old kindergarten			
Child's attendance times e.g. 9:30am - 2:30pm	MON	TUES	WED	THUR	FRI
Teacher best non-contact times e.g. 2:30-4pm	MON	TUES	WED	THUR	FRI
CHILD AND FAMILY DETAILS: As entered on KIMS.					
First Name(s):			Preferred name:		
Last Name(s):					
Date of Birth:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:		
Address where child resides:					
Suburb:		Postcode:		Country of Birth:	
Child's cultural background:			Main language at home:		
Indigenous Status: <input type="checkbox"/> No <input type="checkbox"/> Yes Aboriginal <input type="checkbox"/> Yes Torres Strait Islander <input type="checkbox"/> Both Aboriginal & Torres Strait Islander					
To assist us in prioritising your referral please advise if the parent/guardian or child hold any of the following:		<input type="checkbox"/> Commonwealth Health Care Card <input type="checkbox"/> Commonwealth Pensioner Concession Card <input type="checkbox"/> Temporary Protection/Humanitarian Visas (subclass 201, 202, 786, 866) <input type="checkbox"/> Refugee/Special Humanitarian Visas (subclass 200, 203, 204) <input type="checkbox"/> Bridging Visa A - E			
PARENT/GUARDIAN 1 DETAILS:			PARENT/GUARDIAN 2 DETAILS:		
Name:			Name:		
Relationship to child:			Relationship to child:		
Address: (or as per child) Does the child live with this person? <input type="checkbox"/> Y <input type="checkbox"/> N			Address: (or as per child) Does the child live with this person? <input type="checkbox"/> Y <input type="checkbox"/> N		
Phone Number:			Phone Number:		
Country of Birth:			Country of Birth:		
Language(s) spoken:			Language(s) spoken:		
Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No			Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email:			Email:		
Are there any court orders or custody arrangements for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If 'yes' provide brief details:					
Siblings (names and ages):			Any other people living with the child? Please list.		

EDUCATOR PERSPECTIVES TO COMPLETE:			
What strengths, interests and capabilities have you observed in the child recently?			
What are your main developmental concerns/reason for referral? <i>Please tick all that apply</i>			
<input type="checkbox"/> Behaviour	<input type="checkbox"/> Cognitive/Play skills	<input type="checkbox"/> Eating/drinking/feeding	<input type="checkbox"/> At risk of developmental delay
<input type="checkbox"/> Hearing	<input type="checkbox"/> Nutrition & diet	<input type="checkbox"/> Physical	<input type="checkbox"/> Global Developmental Delay
<input type="checkbox"/> Speech/Communication	<input type="checkbox"/> Social/Emotional	<input type="checkbox"/> Vision	<input type="checkbox"/> Other:
Describe your observations of the child and/or discussions with the family that have prompted this referral.			
Describe how you are supporting the child's inclusion and participation in the program. What strategies have you implemented? Have they been effective?			
What support do you currently have access to in your program? <input type="checkbox"/> School Readiness Funding (SRF) <input type="checkbox"/> Kindergarten Inclusion Support (KIS) funding <input type="checkbox"/> Inclusion Support Program/IDF funding (Long Day Care only)			
If a child is accessing support as an NDIS participant, teachers are required to engage with the child's current NDIS provider prior to referral into the PSFO program. Does the child have an NDIS plan or NDIS allied health service? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you sought support from the child's NDIS provider? <input type="checkbox"/> Yes <input type="checkbox"/> No Comment:			
What support do you seek from the PSFO program? <i>Please tick all that apply</i>			
<input type="checkbox"/> Reflective Practice (Coaching & mentoring)	<input type="checkbox"/> Partnerships with Families (Support with communicating with families)	<input type="checkbox"/> Partnerships with Professionals (Support with referral pathways)	
<input type="checkbox"/> Building Respectful Relationships & Responsive Engagement (With families and children)	<input type="checkbox"/> Supporting Equity and Diversity (Building inclusive, equitable and diverse programs)	<input type="checkbox"/> Assessment for Learning and Development (Child observation, 2 nd year discussion)	
<input type="checkbox"/> Integrated Teaching and Learning Approaches (Inclusive teaching practices)	<input type="checkbox"/> Adaptations of the educational program (Strategies and Resources)	<input type="checkbox"/> Supporting High Expectations for every child (Supporting all children to achieve success)	
How can the PSFO best support you to increase your capacity to include this child?			
What do you want to learn and achieve by working with the PSFO?			

CHILD'S VOICE - EDUCATOR TO COMPLETE IN CONSULTATION WITH THE CHILD:

Please Note: If a child is nonverbal or does not respond verbally to your consultation, please document his/her reaction/body language or add statements as appropriate e.g., Charlie smiles when riding the bikes.

<p>happy</p>  <p>I feel happy when...</p>	<p>scared</p>  <p>I feel scared when...</p>
<p>sad</p>  <p>I feel sad when...</p>	<p>worried</p>  <p>I feel worried when...</p>
<p>angry</p>  <p>I feel angry when...</p>	<p>like</p>  <p>I like...</p>

PARENT/GUARDIAN PERSPECTIVES TO COMPLETE:

Please answer the following questions to provide the Preschool Field Officer with a better understanding of your child and their individual needs (attach additional pages if required).

Has your child had their 2-year-old or 3.5 year-old Maternal and Child Health Check? 2 Year 3.5 Year Neither

Hearing checked No Yes Year: _____

Vision checked No Yes Year: _____

Any follow up recommended?

What skills has your child learnt recently, and what are their strengths?

Please list or describe any concerns about your child's learning, development or behaviour.

Describe how you support your child's learning, development or behaviour.

When thinking about your family, is there anything occurring in your child's life now, or happened in the past, that you would like to share that may be impacting your child's learning, development or behaviour?

OTHER SERVICES/AGENCIES/SPECIALISTS INVOLVED OR WAITING FOR SERVICE:		
<i>Please circle below to indicate if support is current, waiting for service, or child has attended in the past.</i>		
<input type="checkbox"/> National Disability Insurance Scheme (NDIS) Current/Waiting/Past	<input type="checkbox"/> Early Childhood Intervention Services (ECIS) Current/Waiting/Past	
<input type="checkbox"/> Playgroup/Supported Playgroup Current/Waiting/Past	<input type="checkbox"/> Family Day Care Current/Waiting/Past	<input type="checkbox"/> Long Day Care Current/Waiting/Past
<input type="checkbox"/> Paediatrician Current/Waiting/Past	<input type="checkbox"/> Occupational Therapist Current/Waiting/Past	<input type="checkbox"/> Speech Pathologist Current/Waiting/Past
<input type="checkbox"/> Psychologist Current/Waiting/Past	<input type="checkbox"/> Child First/Child Protection Current/Waiting/Past	<input type="checkbox"/> Other
Does your child have a formal diagnosis? Or are they undergoing assessment for developmental concerns? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please describe:</i>		
WRITTEN CONSENT REGARDING THE SHARING OF INFORMATION:		
I give permission for the Preschool Field Officer to observe my child in the kindergarten setting and exchange relevant information with the kindergarten staff. I understand that this is to assist in supporting my child's individual needs within the kindergarten setting. <input type="checkbox"/> Yes <input type="checkbox"/> No		
I give permission for the Preschool Field Officer to contact other Children's Services within the City of Casey and the agencies listed below to exchange relevant information (written and verbal) about my child. I understand that this is to assist in developing a consistent program and strategies to meet my child's individual needs. <input type="checkbox"/> Yes <input type="checkbox"/> No		
AGENCIES CURRENTLY SUPPORTING MY CHILD:	CONTACT PERSON & NUMBER:	
PARENT/GUARDIAN CONSENT:		
Full Name (print):		
Signature:		Date:
EARLY CHILDHOOD TEACHER/EDUCATOR/REFERERS CONSENT:		
Full Name (print):		Position:
I have discussed this referral with the parent/guardian and am satisfied they understand the purpose of the referral and support offered through the PSFO program.		
Signature:		Date:

Privacy Statement:

City of Casey is committed to protecting your privacy. Your personal information will be handled in accordance with the Privacy and Data Protection Act 2014. All personal information collected by the City of Casey will only be used for the purposes outlined within our Privacy Policy. Council's Privacy Policy is available from our website www.casey.vic.gov.au/council/your-council/privacy and all Council Customer Service Centres. For further information about how Council manages and uses your personal information or how you can access and/or amend your personal information please contact Council's Privacy Officers via our website www.casey.vic.gov.au/council/contact/feedback-form or by calling on 9705 5200.

Your details may be collected and disclosed to the Department of Education and Training for specific purposes, including for the department's auditing, monitoring and reporting.

Please email completed forms to the Preschool Field Officer program:
PSFOreferral@casey.vic.gov.au



PRESCHOOL FIELD OFFICER REFERRAL FORM INSTRUCTIONS

About the PSFO Program

PSFOs work with educators to support them to provide high-quality, inclusive Kindergarten programs. Once a child is referred, a PSFO can provide guidance to educators to support the child's inclusion in a manner that is responsive to their specific needs. PSFOs may have direct contact with a referred child and their family. However, they work with and through educators to enhance existing educator-family relationships rather than providing direct intervention to children and families.

Eligibility for the PSFO Program

All Victorian funded kindergarten programs are eligible to receive PSFO service to support the access, inclusion and participation of children with additional needs in a kindergarten program.

- The PSFO program is available for children enrolled in both Four-Year-Old Kindergarten and Three-Year-Old Kindergarten and Early Start Kindergarten.
- The teacher and parent/guardian have identified areas in the child's development that require additional support.

Accessing the PSFO Program

Where a funded kindergarten service seeks PSFO support in relation to a child, the child's educator must obtain informed consent from parent/guardian/carer for PSFO involvement with their child, prior to requesting PSFO assistance.

With parent/guardian/carer consent, the PSFO can:

- directly observe the child in the kindergarten environment
- contribute to the educator's assessment of a child's current capabilities and planning for their learning and development needs in the kindergarten program to allow maximum participation.

Who can initiate a PSFO Referral

- A teacher may submit a referral after discussing PSFO support with the parent/guardian.
- A parent/guardian may initiate a referral prior to their child commencing in a funded kindergarten program, usually in Term 4 of the year prior to attendance.
- A parent/guardian may speak to their child's teacher to initiate a request for support, leading to the submission of a PSFO referral.

Please note: Children accessing ECIS/NDIS can access the PSFO program if the teacher has contacted the child's keyworker/allied health professionals in the first instance for guidance on support strategies.

Making a Referral

- Ensure the child is or will be attending the funded program in the kindergarten group.
- Download, or complete an electronic version, of the current 2023 PSFO Referral Form.
- Ideally arrange a meeting with the family and teacher to discuss and complete the referral together, this may take 15-20 minutes. Families may complete a referral themselves prior to their child starting in a funded program if the teacher is unknown.
- Alternatively, the teacher may complete their section, save the document with the child's name and email to family for completion. Once the family has entered their information, they can save and send back to the teacher for review.
- Following a final review of the referral form, ensuring all relevant information including signatures have been entered, the teacher is required to:
 1. Save a copy of the referral form for their own records
 2. Email or give a hard copy to the family for their reference
 3. Submit the referral form, one referral per email, to PSFOreferral@casey.vic.gov.au

Please note: Incomplete, illegible, or multiple referrals per email will be returned and asked to be resent.

PLEASE DO NOT SEND A REFERRAL TO A PSFO'S PERSONAL EMAIL ADDRESS. ONLY send referrals to PSFOreferral@casey.vic.gov.au

What happens next?

The referral form will be processed by intake and a PSFO will be in touch to set a date for their visit/consult.

Please contact a member of the PSFO team on 9705 5200 to discuss any aspect of our service.

Web: casey.vic.gov.au
Email: caseycc@casey.vic.gov.au
Phone: 03 9705 5200
Post: PO Box 1000, Narre Warren VIC 3805

TIS: 131 450
(Translating and Interpreting Service)
NRS: 133 677
(for the deaf, hearing or speech impaired)

Customer Service Centres:
Narre Warren: Bunjil Place, Patrick Northeast Drive
Cranbourne: Cranbourne Park Shopping Centre
ABN: 43 320 295 742