

Referral to Preschool Field Officer Program



Child Information

Child's first name		Child's surname	
Date of birth			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Non-identified <input type="checkbox"/>
Country of birth		Language spoken	
Interpreter required		Language	
Aboriginal or Torres Strait Islander identity	Aboriginal <input type="checkbox"/>	Torres Strait Islander <input type="checkbox"/>	
	Both Aboriginal and Torres Strait Islander <input type="checkbox"/>	Neither <input type="checkbox"/>	
Cultural or religious requirements			

Developmental and Health History

Attended Maternal Child Health Nurse Visits	2-yo check up <input type="checkbox"/>	3.5-yo check up <input type="checkbox"/>
If so, did your MCH nurse complete the Brigance developmental screen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, do you consent for the PSFO to complete the screen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of screen _____	<i>Note: Please attach copy if available</i>	
Feedback from visit, any concerns or referrals made?		
Does the child have any medical conditions? If yes, please specify		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the child have any diagnosed disability or is awaiting diagnosis? If yes, specify		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do they have a current NDIS plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has a referral been made to 'The Early Childhood Approach (NDIS)'	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the child had their vision checked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date: _____	Outcome: _____	
Has the child had their hearing checked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date: _____	Outcome: _____	

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For parent/guardian to complete

Please add as much detail as possible, attach separate sheets if needed.

1. Parent/guardian

Parent first name		Parent surname	
Relationship to child			
Address			
Email			
Phone		Mobile	
First language		Interpreter required	Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Parent/guardian

Parent first name		Parent surname	
Relationship to child			
Address			
Email			
Phone		Mobile	
First language		Interpreter required	Yes <input type="checkbox"/> No <input type="checkbox"/>

When you think about your child, what are their strengths and interests?			
When you think about your child, what concerns do you have?			
Parent/guardian level of concern			
Slight <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	

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Services/Supports

What are the services/supports the child has received or is receiving?

Example: GP, National Disability Insurance Scheme (NDIS), Dietician, Therapist, Hearing, Vision, Psychologist, Paediatrician, childcare, allied health supports, previous kindergarten services, DFFH, lookout, Child Protection, Cafs, AEL.

Name of service	Contact name	Contact number	Date last seen

Are there any current court orders that may impact our service support? Yes No

Kindergarten

Name of kindergarten	
Name of Early Childhood Teacher	
Telephone	
Email	
Address	

*Note: When submitting your PSFO referral the service must ensure the email is sent from the kindergarten service's @kindergarten.vic.gov.au email, the early childhood teacher's or early years manager's service email. **No private email addresses will be accepted** (e.g. @hotmail.com, @gmail.com)*

Session Times

Please fill in the days and times child attends kindergarten

	Monday	Tuesday	Wednesday	Thursday	Friday
Kindergarten Session times					
Teacher Planning time					

Eligibility

3-year-old kindergarten	<input type="checkbox"/>	4-year-old kindergarten	<input type="checkbox"/>
Early Start Kinder (ESK)	<input type="checkbox"/>	2 nd year of 4-year-old kindergarten	<input type="checkbox"/>

Has the child been added into the Kindergarten Information Management System (KIMS) or Arrival?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>If no, can you ensure this task is completed as soon as possible to confirm the child's enrolment details</i>				
Have you completed the Early Years Assessment and Learning Tool (EYALT) or 'Early Ables'?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>If yes, please attach a copy if available</i>				

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When you think about the child you are referring, what are their strengths/interests?

When you think about the child you are referring, what concerns do you have?

What strategies/supports have you and the family tried already to address the concerns?

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What were the outcomes? Were they effective?

What support/outcomes do you require from the Preschool Field Officer in addition to capacity building?

Support with referral pathways	<input type="checkbox"/>	Program adaptations and resources	<input type="checkbox"/>
Child observation	<input type="checkbox"/>	Brigance developmental screen	<input type="checkbox"/>
Responding to parent concerns	<input type="checkbox"/>	Support with KIS application	<input type="checkbox"/>
Other, please specify	<input type="checkbox"/>		

Educators level of concern

Slight	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	High	<input type="checkbox"/>
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Agreement and Consent

So that Pinarc can provide the best service possible, we need your permission to collect and share information that will help us and other services provide support to you.

Child's name	
Date of birth	
Address	

I give permission for Pinarc to:

- Collect and share** information with relevant people who may be involved with my support including but not limited to other health professionals, partner, family, other service providers and government agencies.
- Use digital technology to best support the kindergarten when including my child (eg. Photos, videos, digital conferencing)

Please list if there is anyone you request **not** to share information with

I do not give permission for Pinarc to:

- Collect and share** information about me. *Note: this may limit the service that Pinarc is able to provide*

Family

- I/We have received a copy of the PSFO Fact Sheet https://www.pinarc.org.au/wp-content/uploads/2024/02/PSFO_factsheet_2024.pdf
- I/We are aware of information within this referral
- I/We have been provided with a copy of the completed referral form

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.

Parent/guardian name		Date	
Parent/guardian signature			

Referrer name		Date	
Referrer signature			

Please return the completed referral form to

Post
 PSFO Program
 Pinarc Disability Support
 Wadawurrung Country
 P.O Box 1841
 Bakery Hill, Vic 3354

Email: psfo@pinarc.org.au

