



Preschool Field Officer Service Referral Form

This referral form is designed to be completed in full by the child's kindergarten teacher and parents/guardians

Referral details

Agency name:	Phone:
Contact Name:	Email:
Signature:	Date:

Child details

Child's Name:	
Date of Birth:	Gender:
Home address:	
Suburb:	Postcode:
Is the child:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander
Country of birth:	Language(s) spoke at home:
Is an interpreter required?	
Does your child have a diagnosis or is undergoing assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:	
Kindergarten enrolment:	<input type="checkbox"/> Funded 4-year-old program <input type="checkbox"/> Early Start Program
Is this the child's second year of funded 4-year-old Kindergarten?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child attend any other early years' service? e.g. long day care or family day care	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where and when?	
Has the child had a 3 ½ year old Maternal Child Health check?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Carer details

Child lives with: Both parents Mother Father Other:

Parent/ Carer 1	Name:	Parent/ Carer 2	Name:
Relationship to child:		Relationship to child:	
Mobile:		Mobile:	
Email:		Email:	
Address:		Address:	
Preferred language:		Preferred language:	

Siblings

Sibling 1	Sibling 2	Sibling 3
Name:	Name:	Name:
Gender:	Gender:	Gender:
D.O.B:	D.O.B:	D.O.B:

Kindergarten Program Information

Name of Centre	Group name/colour:
Email:	Phone:
Kindergarten Teacher's Name:	
Best time to contact regarding referral? (This will be used where possible)	
Has this child been referred to the Preschool Field Officer Service before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	

Reasons for referral

Child observations:

- Language development
- Social development
- Emotional development
- Cognitive development
- Gross Motor development
- Fine Motor development
- Sensory issues
- Self-Care/Independence skills
- General developmental skills

Teacher support:

- Referral pathways
- Resources
- Strategies/planning support
- Goal setting
- School readiness/transition
- Transition into Kindergarten
- Partnerships with parents
- Guidance regarding KIS application
- Guidance regarding 2nd Year application

Written report required? Yes No

PARENT/CARER TO COMPLETE: Other services to which your child has been referred/is attending (please provide information below and attach relevant reports)

Services	Name of Agency or Professional	Do you consent to the PSFO making contact to exchange relevant written/verbal information about your child?	
Maternal and Child Health		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Speech Therapist		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Paediatrician		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Psychologist		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Occupational Therapist		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other		<input type="checkbox"/> Yes	<input type="checkbox"/> No

What do you think your child needs support with?

Consent of Parent/Carer

- ❖ We/I have read the information above and consent to its collection and to the referral of my child to the Preschool Field Officer Service
- ❖ My/our child's Educator has discussed with me/us their concerns and the reason for this referral
- ❖ We/I have received a copy of this referral form
- ❖ We/I understand that either parent/guardian(s) named on page 1 of this form can be contacted with regards to this referral if required
- ❖ Baw Baw Shire Council is bound by the Privacy and Data Protection Act 2014 and the Health Records Act 2001. •Your consent is required for the collection and use of your personal and/or health information and that of your child.
 - The information is being collected by Council for the purpose of delivering PSFO services that will benefit your child; it will be used by Council and it may be shared with educators, early intervention, health and welfare service providers for the purposes mentioned. •Your information will be stored in Council's Customer Database and used to identify you when communicating with Council and for Council to deliver services and information to you.
 - Disclosure of information may occur to other persons or agencies with consent by both parents; or the authorised parent/guardian; or as permitted by law. •For further information on how your personal and health information will be handled, see Council's Privacy Policy on its website.
 - Authorised parents and guardians may apply for access and/or amendment of the information by writing to Council's Privacy Officer.

Parent /Carer Signature:	Print Name:	Date:
Parent /Carer Signature:	Print Name:	Date:

This form should be emailed to psfo@bawbawshire.vic.gov.au or mailed to:

Preschool Field Officer Service,
Family and Children's Services
PO Box 304
Warragul, 3820