

## Preschool Field Officer Referral Form - 2019

To: Families Diversity and Community - psfo.referral@darebin.vic.gov.au

Family & Children  
Ph: 8470 8114

### Child Details

Given Name(s) *	<input type="text"/>		
Surname(s) *	<input type="text"/>		
Address *	<input type="text"/>		
Postcode *	<input type="text"/>	<input type="text"/>	
Date of Birth *	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	

### Parent/Guardian Details

#### Parent/Guardian #1

Full Name*	<input type="text"/>
Home Phone	<input type="text"/>
B/H Phone*	<input type="text"/>
Mobile No	<input type="text"/>
Email Address	<input type="text"/>

#### Parent/Guardian #2

Full Name*	<input type="text"/>
Home Phone	<input type="text"/>
B/H Phone*	<input type="text"/>
Mobile No	<input type="text"/>
Email Address	<input type="text"/>
Name & Age of Siblings	<input type="text"/>

Is your child of Aboriginal and/or Torres Strait Islander origin? Yes  No

#### Country of Birth:

Is your child from a culturally and linguistically diverse (CALD) background? Yes  No

Language(s) spoke at home?

Is an interpreter required? Yes  No

\* Required Fields

**Funded Kindergarten Program Details**

Name of Service	
Address	
Phone/Fax	
Email Address	
Teacher	
Hours of Funded Kindergarten Program (Mon-Fri)	
Times	

Does your child attend or access any specialist services? Eg speech therapy, occupational therapy, physiotherapy.

Yes  No

List Specialist Services

Are you on the waiting list for other services?  Yes  No

If yes, which ones...

Has your child been seen by a Paediatrician?  Yes  No

Paediatrician Contact Details

Areas of concern \*

<input type="checkbox"/> Language and Communication	<input type="checkbox"/> Social Skills
<input type="checkbox"/> Cognitive Skills	<input type="checkbox"/> Self Help Skills
<input type="checkbox"/> Emotional Skills	<input type="checkbox"/> School Readiness
<input type="checkbox"/> Motor Skills	

Comments on Areas of Concern \*

Outline any medical information in relation to your child \*

Service Requested \*

<input type="checkbox"/> Support	<input type="checkbox"/> Referral to Other Services
<input type="checkbox"/> Information	<input type="checkbox"/> Resources
<input type="checkbox"/> Observation & Feedback	

Comments on Strategies used in Kindergarten \*

**Authorisation**

I/we hereby authorise the Preschool Field Officer to visit my child within the program they are attending and to contact the above agencies if additional information or reports are required. I/we understand that my child's progress will be reviewed and discussed with me. Your teacher will provide you with information regarding the date of the Preschool Field Officer's visit.

Signature of Parent/Guardian

Name  Date

**Your Privacy** The collection and handling of personal information is accordance with Council's Privacy Policy which is displayed on Council's website and available for inspection at, or collection from, Council's customer service centre/s.