

PRESCHOOL FIELD OFFICER PROGRAM

Request for Service [Preschool Field Officer \(PSFO\) Program | Uniting ELC](#)

Child must be attending state funded 3 Year Old (3YO) or 4 Year Old (4 YO) kindergarten program at the service listed below. Please ensure the following information matches data entered on Arrival.



SERVICE DETAILS					
Service Name			Phone		
Service Address					
Service Email					
Teacher Name			Teacher Email		
Graduate teacher (Teaching for less than 5 years) Yes <input type="checkbox"/> No <input type="checkbox"/>					
CHILD DETAILS					
First Name		Last Name			
Date of Birth		Gender			
Aboriginal	Yes <input type="checkbox"/> No <input type="checkbox"/>	Torres Strait Islander	Yes <input type="checkbox"/> No <input type="checkbox"/>	MCH 3.5 YO check	Yes <input type="checkbox"/> No <input type="checkbox"/>
Country of Birth		Home Language		Interpreter Required	Yes <input type="checkbox"/> No <input type="checkbox"/>
Visa Status (non-citizen or permanent resident)			Yes <input type="checkbox"/> No <input type="checkbox"/> Attach relevant information		
Current Custody or Court Order			Yes <input type="checkbox"/> No <input type="checkbox"/> Attach copy		
Known to Child Protection		Yes <input type="checkbox"/> No <input type="checkbox"/>		Out of Home Care (OoHC)	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
NDIS OR ECEI	Yes <input type="checkbox"/> No <input type="checkbox"/>	Early Start Kindergarten (ESK)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Access to Early Learning (AEL)	Yes <input type="checkbox"/> No <input type="checkbox"/>
PROGRAM ATTENDING					
3 YO <input type="checkbox"/>	Second Year of 3 YO <input type="checkbox"/> <i>Available from 2026</i>	4 YO <input type="checkbox"/>	Second Year of 4 YO <input type="checkbox"/>	Toddler Age - Term 4 Exceptional support <input type="checkbox"/>	
Session Details		Monday	Tuesday	Wednesday	Thursday
Session/Attendance times <i>Note beach/bush sessions</i>					
Teacher non-contact times					
REFERRED BY – EARLY CHILDHOOD TEACHER					
I have discussed the referral with the parent/guardian. They understand the PSFO is a professional support for teachers in understanding their child's needs and enhancing their participation and engagement in the kindergarten program.					
Teacher's signature:			Date:		
REASON FOR REFERRAL/REQUEST					
SOCIAL AND EMOTIONAL		LEARNING / PLAY SKILLS		PHYSICAL	
<input type="checkbox"/> Separation <input type="checkbox"/> Resilience <input type="checkbox"/> Peer relationships <input type="checkbox"/> Cooperation		<input type="checkbox"/> Perseverance <input type="checkbox"/> Concentration <input type="checkbox"/> Memory <input type="checkbox"/> Problem Solving		<input type="checkbox"/> Gross motor skills <input type="checkbox"/> Fine motor skills <input type="checkbox"/> Endurance <input type="checkbox"/> Spatial awareness	
				<input type="checkbox"/> Expressive language <input type="checkbox"/> Receptive language <input type="checkbox"/> Pragmatic language <input type="checkbox"/> Articulation	
BEHAVIOUR		SELF HELP / CARE SKILLS		CHILD WELLBEING AND SAFETY	
<input type="checkbox"/> Regulation <input type="checkbox"/> Managing change <input type="checkbox"/> Conflict resolution skills <input type="checkbox"/> Following guidance		<input type="checkbox"/> Independence <input type="checkbox"/> Toileting <input type="checkbox"/> Dressing <input type="checkbox"/> Nutrition/diet		Comments:	
ADDITIONAL INFORMATION					
<i>Please indicate strengths, challenges, reason for referral and tell us what support you are seeking, for example, observations, program strategies, KIS application or parent discussion support, referral pathways. Please attach further notes, reports or documentation relevant to the referral.</i>					
SERVICE AGENCIES/SPECIALISTS INVOLVED					
For example: Paediatricians, early intervention service, NDIS/ECEI, Maternal Child Health Nurse, LOOKOUT, AEL facilitator					
Service/Specialist		Contact Name		Access	
				Current/Waiting/Past	
				Current/Waiting/Past	
				Current/Waiting/Past	
PARENT/GUARDIAN CONSENT					
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Please sign below to consent to referral to the Preschool Field Officer Program (At least one signature required)					
Parent/Guardian Name		Signature		Date	
Parent/Guardian Name		Signature		Date	
Address					

Forward completed forms to PSFO office that services your Local Government Area: [PSFO Contact List](#)