# Step 1: Flexible Support Package Screening Form

The Screening Form represents Step 1 in the process for applying for additional support through a Flexible Support Package (FSP). This form is to be completed and submitted by the Early Childhood Implementation Branch (ECIB) team. The form intends to screen for provisional eligibility, to reduce the administrative impact of applying for additional support on approved providers and services.

### Screening activities checklist

The following activities **must** take place **before the submission** of this form. The ECIB team must indicate Yes/No to the following:

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| The FSPs Operational Guidelines have been reviewed before submission. | Yes/No |
| The ECIB team has led the FSP screening process, as specified on page 9 of the FSPs Operational Guidelines. | Yes/No |
| Department of Education (DE) supports have been explored and are not immediately available to support the service. | Yes/No |
| Child information provided in this Screening Form is de-identified. | Yes/No |
| The approved provider, service and relevant early childhood teacher have been engaged to provide and confirm information for the Screening Form. | Yes/No |
| DE funded support staff have been engaged in professional discussions, as appropriate, to collect and test information provided in this Screening Form, e.g. EC LOOKOUT, Koorie PreSchool Assistants (KPSAs) and Preschool Field Officers (PSFOs). | Yes/No |

## Contact details

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| **Professional contact information** | **Name** | **Email** |
| **ECIB team contact details** | Click here to enter first and last name. | Click here to enter email. |
| **Early Childhood Learning Advisor (ECLA) contact details** ***(if the child is in OOHC)*** | Click here to enter first and last name. | Click here to enter email. |
| **Name(s) of other DE-funded support services or staff engaged** | This may include services/staff such as Preschool Field Officers (PSFO), Koorie Preschool Assistants (KPSAs), or Koorie Engagement Support Officers (KESOs). | |
| **Name(s) of other professionals engaged *(if relevant)*** | This may include professionals such as a Child Protection Practitioner, NDIS Case Worker, Allied Health Professional, or a Practitioner from The Orange Door. | |

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| **Service details** | | |
| Kindergarten/Service name and email | Click here to enter service name | Click here to enter email. |
| **Service approval ID** **(SE number)** | Click here to enter service approval ID. | |
| **Approved provider name and email** | Click here to enter provider name | Click here to enter email. |
| **Provider approval ID (PR number)** | Click here to enter provider approval ID. | |
| **Region & Area** | Click here to select region. | Click here to select area. |
| **Funded kindergarten program the child is enrolled in** | Click here to select program. | **If 4YOK – did the child attend 3YOK at the same service?** Select an item. |
| **Number of hours the child is enrolled for in the funded kindergarten program** | Click here to select number of hours. | |
| **Early childhood setting type** | Click here to select setting type. | |

## Child education context

This section intends to gather information on the child’s educational background and context. Please select the most accurate response for each item.

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| **Child enrolment details** | |
| Prior funded kindergarten enrolment | **Has the child previously been enrolled in and attended a funded kindergarten program at another service?** Yes/No.  **If YES - how many previous services has the child attended?** Select an item. |
| Length of enrolment | **How long has the child been enrolled and attending the kindergarten program?** Select an item.  **Has the child started attending the funded kindergarten program?** Yes/No. |
| Current kindergarten attendance | **How many hours on average does the child usually attend the funded kindergarten program?** Select an item.  **If attendance is irregular - please describe what has been done to re-engage the child and their family/carer:**  Click here to enter text. |

## Child and family characteristics

To be eligible for an FSP a child must have a background of complex trauma. Please select **Yes/No/Unsure** to the child and family characteristics below. The FSPs Operational Guidelines, on page 3, defines complex trauma and its impact in the early years.

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| **Child characteristics** | **Response** | **Family characteristics** | **Response** |
| Child is in out-of-home care (OoHC) | Yes/No | Parental mental illness | Yes/No |
| Child is known to Child Protection (CKCP) | Yes/No | History of parental substance use | Yes/No |
| Child is known or referred to family services (e.g. Child FIRST/Orange Door) | Yes/No | Parental incarceration | Yes/No |
| Child has a refugee or asylum background | Yes/No | Family or child experience of homelessness | Yes/No |
| Child is Aboriginal or Torres Strait Islander (ATSI) | Yes/No | Instability of care arrangements | Yes/No |
| Child exposure to family violence | Yes/No | Parental disability | Yes/No |
| Child has a diagnosed disability | Yes/No | Child is living in a rural area | Yes/No |
| Child has a diagnosed developmental delay | Yes/No | Other (please specify below)  Click here to enter text. | |
| Child is undergoing an assessment | Yes/No |
| History of physical or emotional neglect | Yes/No |
| History of physical, emotional or sexual abuse | Yes/No |

## Impact on child learning, development and participation

In addition to a background of complex trauma, the child must demonstrate extreme presenting concerns that place their safety, relationships and enrolment in the kindergarten program at risk. Further information can be found on page 4 of the FSPs Operational Guidelines. Please indicate the most current and accurate impact of the presenting concern on the child’s ability to engage with the kindergarten program and the frequency for each presenting concern below.

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| Presenting concerns | **Impact** | **Frequency** |
| * Anxiety and/or fear (e.g. self-soothing difficulties, distress when leaving carer or in transitions, head banging, self-harm, absconding) | Select an item. | Select an item. |
| * Difficulties regulating attention, emotions and/or behaviour (e.g. unable to focus, escalates quickly into distress or aggression, often appears withdrawn and absent) | Select an item. | Select an item. |
| * Difficulties in relationships with peers (e.g. difficulties taking turns, developing empathy, relinquishing control within shared play, inappropriate interactions such as hitting/kicking peers) | Select an item. | Select an item. |
| * Regressed or challenging eating, sleeping and toileting (e.g. tired and irritable, doesn't notice when hungry, thirsty or full, requires support with toileting, delayed self-care skills) | Select an item. | Select an item. |
| * Difficulties in relationships with adults (e.g. child may be indiscriminate, overly self-reliant, or reluctant to engage with adults) | Select an item. | Select an item. |
| * Developmental delays and impaired cognition (e.g. delayed receptive and expressive language) | Select an item. | Select an item. |

## Funding and support from other sources

Services are only eligible for an FSP in situations where all existing supports have been explored and are not available. Refer to page 5 in the FSPs Operational Guidelines for more information and complete the following tables on Victorian DE and Commonwealth Funded Supports.

### Victorian-funded Department of Education supports

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| **School Readiness Funding (SRF)** |
| **Please indicate the amount of SRF provided to the service:** Click here to select SRF amount provided. |

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| **Please indicate the SRF items currently provided to the service (select all that apply)** | **Is it in the SRF Plan?** | **Is it scheduled?**  **If YES – What term is it scheduled for?** | **Notes**  (e.g. number of sessions, name of specific SRF menu item) |
| Allied Health: Multi-Disciplinary Team | Yes/No | Select an item. | Click here to enter notes. | |
| Trauma-Informed Professional Development[[1]](#footnote-2) | Yes/No | Select an item. | Click here to enter notes. | |
| Trauma-Informed Consultancy or Mentoring[[2]](#footnote-3) | Yes/No | Select an item. | Click here to enter notes. | |
| Additional Educator | Yes/No | Select an item. | Click here to enter notes. | |
| Additional Hours | Yes/No | Select an item. | Click here to enter notes. | |
| Backfill | Yes/No | Select an item. | Click here to enter notes. | |

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| **Kindergarten Inclusion Support (KIS)** | **Pre-School Field Officer (PSFO)** | **Access to Early Learning (AEL)** |
| **Is the child eligible for KIS?**  Select an item. | **Has a PSFO supported the service in the last 3 months?**  Yes/No | **Is the child enrolled in the AEL program?**  Select an item. |
| **Please indicate the status of the child’s KIS funding:**  Select an item.  **If the child has successfully attracted a KIS package - please indicate what the approved supports include:**  Select an item.  **Has the above support been allocated and commenced in the kindergarten program?**  Yes/No | **If NO – what is the reason the PSFO program has not been accessed?**  Select an item.  **If *other*:** Please specify the reason here.  **If YES – is the PSFO engaged on an ongoing basis to support the capacity building of the educator in the room?**  Yes/No  **What is the frequency of PSFO support?**  Select an item. | **If YES - *please specify the frequency of support the AEL Facilitator provides to the service:***  Click here to specify frequency.  **If YES - *please specify the type of support the AEL Facilitator provides to the service:***  Click here to specify type. |
| **Has another child in the same kindergarten room successfully attracted KIS?**  Select an item.  **If YES - please specify the type of support:**  Choose an item. |

### Commonwealth-funded supports

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| **National Disability Insurance Scheme (NDIS)** | **Inclusion Support Program (ISP)**  Including the Inclusion Agency Support and the Inclusion Development Fund (IDF) subsidies |
| **Has NDIS funding been assessed?**  Yes/No | **If the kindergarten program operates within a long day care setting, has support through the ISP been applied for?**  Yes/No |
| **If YES - p*lease mark, as appropriate:***  **Does the NDIS package include supports directly into the kindergarten service?**  Yes/No  **If YES- please indicate the type and level of NDIS support provided to the kindergarten service:**  Click here to describe the type and level of support. | **If YES - please indicate what category of ISP has been applied for:**  Select an item.  **If YES – please indicate the type and level of support provided to the kindergarten program/service:**  Click here to describe the type and level of ISP support.  **If NO - what actions have been taken to access ISP?**  Click here to enter text. |

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| **FOR OFFICE USE ONLY** |
| **Comments on eligibility**  Click here to enter text. |

1. Please refer to Appendix C in the FSP Operational Guidelines for a list of relevant trauma-informed professional development SRF menu items. [↑](#footnote-ref-2)
2. Please refer to Appendix C in the FSP Operational Guidelines for a list of relevant trauma-informed consultancy or mentoring. [↑](#footnote-ref-3)