

**Section 2 DIS**

|  |
| --- |
| OFFICE USE ONLYDate received:File no.  |

Kindergarten Inclusion Support (KIS) Application Form - Disability

Child Information & Support Plan

**Privacy Notice for Parents / Carers**

Please read this notice before you sign the application form.

The Kindergarten Inclusion Support (KIS) program is funded by the Department of Education and Training (the Department). The Department values the privacy of every person and may only collect and handle personal and health information consistent with Victorian privacy law.

**Why do we ask you for information?**

We collect personal information when a kindergarten service applies for additional resources from the KIS program to assist them to help your child, with a disability or developmental delay and/or complex medical need, to access and participate in the kindergarten program. Information is collected from you and the people you have agreed to be members of your child’s Program Support Group, as discussed at your Program Support Group meeting. A Regional Advisory Group uses this information to help determine the learning and development needs of your child and to make a decision about the kindergarten’s eligibility and support needs.

The Regional Advisory Group has representatives from:

* the organisation funded to deliver the KIS program
* the Department, a regional representative that ensures decisions made by the group align with the program guidelines
* other relevant early childhood professionals, who assist the group to review applications and decide on the eligibility and level of support to be provided to the kindergarten.

Applications that require urgent consideration or where there are extenuating circumstances will be assessed by the Department’s Early Years Inclusion and Intervention Unit.

After reviewing the application, the assessors return the information about each child to the organisation funded to provide KIS or the Department’s regional office.

For further information, please speak to your kindergarten teacher.

**Use and Disclosure of information**

The Department will only use your child’s personal and health information collected through this form and attached reports, for the purposes described above, or otherwise when required or permitted by law. Personal information used for research or reporting will have any identifying information removed to ensure personal and health information is protected.

If your child transfers to a different kindergarten service, the service provider in the region your child’s new kindergarten service is located, will be provided with a copy of your child’s application. This will enable support to be transferred to your child’s new kindergarten serviced to help your child’s transition and assist your child’s new kindergarten teacher to understand your child’s learning and development needs.

**Security and retention of information**

A copy of your child’s application is kept at the kindergarten service and the organisation funded to provide KIS in your region or at the Department’s regional office. All information about your child is kept secure and confidential. We respect the right to privacy and will only release information with your written consent or as required or permitted by law. For more information please see the [Department's privacy policy](https://www.education.vic.gov.au/Pages/privacypolicy.aspx) .

**Accessing information**

Upon request, your kindergarten service should provide you with a copy of this completed form.

Requests for other documents submitted by the kindergarten service for this process may be appropriate to be requested via the Freedom of Information Process (**FOI).** Please see the Department’sFOI webpage or email: foi@edumail.vic.gov.au.

**If you choose not to tell us something**

If you choose not to tell us something that we need to know to make decisions about supports for your child, we may be unable to provide your child’s kindergarten service with the support they seek.

**Parent/guardian/carer Consent**

I have read and understood the Privacy Notice and I understand how my child’s personal and health information will be collected, used and disclosed.

I have read all of the information I have provided in this form, including additional reports attached about my child, and I confirm the information is correct and up to date.

I consent to this application being made by the kindergarten service to assist the access and participation of my child at kindergarten.

**Parent/guardian/carer**

|  |  |  |  |
| --- | --- | --- | --- |
| Signed (Parent/guardian carer)\* |  | Date |  |
| Print name |  |

**\*Who may sign this application form**

Only one signature is required for this form. Any of the following people can sign this form:

* a person with parental responsibility for ‘major long term issues’ as defined by the *Family law Act 1975* (Cth)
* an officer delegated to exercise the powers and functions of the Secretary of the Department of Health and Human Services under sections175(1)(b).(2) & (3) of the *Children, Youth and Families Act 2005* (*Vic)*.
* a carer authorized under a Department of Health and Human Services Instrument of Authorisation to make decisions about ‘major long term issues’ as defined by the Family Law Act 1975 (Cth)

If none of the above people are available, an informal carer may sign this form. An informal carer is a relative or other responsible adult with whom the child lives and who has day to day care of the child. Informal carers should sign an ‘Informal Carer Statutory Declaration’ to confirm their status. This is available at <http://www.education.vic.gov.au/Documents/school/principals/spag/safety/informalcarerstatdec.pdf>

| You are required to submit a completed, signed copy of application forms:Section 1 – Kindergarten Service DetailsSection 2 – Disability - Child Information and Support Planby post or email to the Regional Advisory Group Convenor in your Area (refer to KIS Disability Guidelines for details) **Note: emailed applications must be sent via secure message** Original application forms must be kept on file with the child’s details at the service. |
| --- |

| Tick which one of the following apply for this application:* This is a new application for support 🞏
* This is an appeal or more information submission 🞏

**For all appeals and more information submissions, add new information to existing evidence in bold or a different coloured font for resubmission or provide in a separate attachment** * This is a transfer of application 🞏

(The child is transferring to a different kindergarten) **For transfers, refer to KIS Disability Guidelines page 16.****Section 1 (Kindergarten Service Details) and Part 1 and Part 5 of Section 2 must be completed for all transfers.** |
| --- |

**Part 1: Program Support Group Members (PSG)**

By signing this form, I agree to be a member of the PSG which will meet once a term and I declare that to the best of my knowledge this application accurately represents the kindergarten program and the developmental abilities and needs of the child.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship to Child/ Role | Service/ Organisation name | Signature |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| PSG Convenor name |  | Date of first PSG meeting |  |

### Part 2: Child and Family Details

**Child details**

|  |  |  |  |
| --- | --- | --- | --- |
| Family name  |  | Given name |  |
| Date of birth  |  | Gender |  |
| Street address |  |
| Suburb |  | Postcode |  |
| In which country was the child born? | Australia 🞏 Other 🞏 | Other country  |  |
| Does the child speak a language other than English at home?  | Yes 🞏 No 🞏 |
| If yes, please specify the language |  |
| Is the child of Australian Aboriginal or Torres Strait Islander origin? (*choose only one box*) |
| Yes, Torres Strait Islander  🞏Yes, Aboriginal 🞏Yes, both Aboriginal and Torres Strait Islander 🞏No, neither Aboriginal nor Torres Strait Islander 🞏 |

**Family details**

|  |  |
| --- | --- |
| Name of parent/ guardian or carer 1  |  |
| Email: |  | Phone number |  |
| Name of parent/ guardian or carer 2 |  |
| Email: |  | Phone number |  |

|  |  |
| --- | --- |
| Kindergarten year KIS is being applied for? |  |
| In the kindergarten year KIS is being applied for, will the child be accessing? (choose only one box)  |
| 4 year old funded kindergarten program 🞏 3 year old funded kindergarten program 🞏Early Start Kindergarten (ESK) place 🞏 |
| Will this be the child’s second year in a 4 year old funded kindergarten program for children in the year before school?  |  Yes 🞏 No 🞏 |
| Will the child turn 6 while attending kindergarten program?If yes, has an exemption from school been submitted to the Department? *If a school exemption is required, the KIS application will not be assessed until a school exemption is submitted to the DET regional office.*  |  Yes 🞏 No 🞏   Yes 🞏 No 🞏  |

|  |  |
| --- | --- |
| Date of child’s commencement at the kindergarten program |  |
| If second round application, reason for late application |  |
| If applying for Out-of-Round consideration, extenuating circumstances for request  For timelines, refer to KIS Disability Guidelines page 15  |  |

**Has the child attended any other early childhood programs?**

List the early childhood programs that the child attended in the year prior to the kindergarten year KIS is being applied for e.g. child care, occasional care, playgroup, three-year-old kindergarten program, first year of four-year-old funded kindergarten program, etc.

|  |  |
| --- | --- |
| Name of early childhood service |  |
| Type of program |  | Total hours attended by child per week |  |
| Name of early childhood service |  |
| Type of program |  | Total hours attended by child per week |  |
| Name of early childhood service |  |
| Type of program |  | Total hours attended by child per week |  |

|  |
| --- |
| What additional support was provided to facilitate the child’s inclusion in these programs? |
|  |

**Reasons for support**

|  |
| --- |
| Tick the corresponding box/ boxes for the criterion/ criteria you are applying under |
| 🞏 Child is at significant risk of injury to self or others🞏 Child is extremely restricted in their capacity for movement🞏 Child has a disability and complex medical needs requiring a high level of individualised health care support (**Must also complete Part 6)** For children with complex medical needs who do not have a disability, refer to the Kindergarten Inclusion Support – Complex Medical Needs program  |

#### Part 3: Evidence of Disability

|  |  |
| --- | --- |
| Child’s disability or diagnosis |  |
| Is the child a NDIS client with a support plan and evidence of this is attached? |  🞏 Yes 🞏 No  |
| Or is the child eligible for Early Childhood Intervention Services (ECIS) and evidence of this is attached? |  🞏 Yes 🞏 No  |
| Or has the child been assessed as having a disability or is undergoing continuing assessment for disability by a person with a relevant qualification and evidence of this is attached? For documentary evidence information refer to KIS Disability Guidelines page 13 |  🞏 Yes 🞏 No  |
| Name of NDIS or ECIS provider (if applicable) |  |
| Name of child’s key Early Intervention Professional |  |
| Have additional attachments been included? |  🞏 Yes 🞏 No  |
| If yes, please list |
|  |

**Part 4: Context of the Child**

Please complete all of the following sections regarding the context of the child

**Interests**

|  |
| --- |
| Describe the child’s interests |
|  |

**Strengths and abilities**

|  |
| --- |
| Describe the child’s strengths and abilities |
|  |

**Physical**

| Does the child require assistance to physically move around the kindergarten service?  | Yes 🞏 No 🞏  |
| --- | --- |
| If yes, describe what assistance the child requires to move around and when they will require assistance during the kindergarten program. If the child uses specialised equipment for seating, standing or moving around, what equipment does the child use, when will the child need to use it and what support will they require to use their equipment to participate in the program? |
|  |

**Fine Motor**

| Does the child require assistance with fine hand use e.g. picking up, manipulating and releasing objects using one’s hands? | Yes 🞏 No 🞏 |
| --- | --- |
| If yes, describe what assistance the child requires and when they will require assistance during the kindergarten program. |
|  |

**Communication**

| Does the child require assistance with communication? | Yes 🞏 No 🞏 |
| --- | --- |
| If yes, describe how the child communicates and what assistance they will require during the kindergarten program. Consider whether the child requires support to understand messages, express their needs and/or participate in conversation using spoken language, signs, symbols or another augmentative and alternative communication (AAC) system.  |
|  |

**Learning**

| Does the child require additional support to learn and apply knowledge? | Yes 🞏 No 🞏 |
| --- | --- |
| If yes, describe what additional support the child requires during the kindergarten program. Consider whether the child requires support to focus and direct attention, undertake tasks and problem solve.  |
|  |

**Social**

| Does the child require support with their interpersonal interactions e.g. responding to the feelings of others, forming relationships? | Yes 🞏 No 🞏 |
| --- | --- |
| If yes, describe what assistance the child requires and when they will require assistance during the kindergarten program? |
|  |

**Self-Care Skills**

| Does the child require assistance with self-care skills e.g. toileting, eating? | Yes 🞏 No 🞏 |
| --- | --- |
| If yes, describe what assistance the child requires and when they will require assistance during the kindergarten program. |
|  |

#### Behaviour

| Does the child exhibit behaviours that are a significant risk of serious injury to self or others? | Yes 🞏 No 🞏 |
| --- | --- |
| If yes, complete table below. |

| Behaviour / Concern | When and where does the behaviour occur and are there any triggers? | Frequency and duration of behaviour e.g. 3 times a session for up to 30 minutes | Strategies to guide the child’s behaviour |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

| From where was this evidence collected? (If child hasn’t attended a kindergarten program before, please explain who contributed to this information) |
| --- |
|  |

| Any other relevant information? |
| --- |
|  |

#### PART 5: Kindergarten Inclusion Support Plan

| What would we like the child to gain from the kindergarten program? | VEYLDF Learning and Development Outcome | How do we go about this? | Who do we need to involve? | Outcomes |
| --- | --- | --- | --- | --- |
| Describe goals that are specific, measurable and realistic for the child. | List the Learning and Development Outcomes each goal will draw from. | What strategies and intentional teaching practices will be implemented? What modifications or adjustments will be made the program, activities or environment to support this? | E.g. kindergarten staff, early intervention staff, family etc. | Complete at the next PSG meeting. Document adjustments you have made and progress towards achieving the goal. Update goals as appropriate to support progress. |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Existing resources**

|  |
| --- |
| What existing resources has your kindergarten service accessed (or will access) to support the early childhood educators to plan an inclusive program for this child? Provide details: |
| Family:  | Management support:  |
| Early Intervention professional/therapists:  | Preschool Field Officer: |
| FKA/Multicultural Resource Centre:  | Early ABLES planning tool:  |
| DET online inclusion modules: | Professional Development:  |
| Other: |

**Additional support requested**

|  |
| --- |
| What additional support do you require from the KIS program?  |
| 🞏 Additional Assistant to work as a member of the team to support the inclusion of all children in the group. |
| If yes, what additional support is the kindergarten service seeking for the group? Existing resources provided by the KIS program will be taken into consideration in the allocation of support. |  |
| 🞏 Specialist consultancy support. |
| If yes, describe the purpose of the specialist consultancy request. |  |
| 🞏 Funding for specialist training specific to supporting the needs of the child in this application.  |
| If yes, what training is required by the kindergarten team? Specialist training must be organised in consultation with the KIS auspice organisation. |  |
| 🞏 Funding for minor building modifications specific to supporting the needs of the child in this application **(quotes must be attached)** |

**Part 6: Complex Medical Needs**

**Complete this section if the child has complex medical needs that requires a high level of individualised health care support**

|  |
| --- |
| Provide the child’s medical diagnosis and describe their medical condition. |
|  |
| What health support procedures are required during the kindergarten program?  |
|  |
| When and how often will the child require this support during the kindergarten program?  |
|  |
| Who will provide the support  |
|  |
| Have the kindergarten team already undertaken training to support the child’s complex medical needs? If yes, provide details below. |
|  |
| What additional training (in addition to mandatory requirements for first aid, anaphylaxis management and asthma management training) is required for the kindergarten team? |
|  |
| Will it be necessary to adjust any of the usual practices of the kindergarten program in order to be fully inclusive of the child? If yes, what adjustments will be made by the program? |
|  |

**A copy of the child’s medical management plan and the kindergarten service’s risk minimisation plan must be attached to the application.**

| Is a copy of both the medical management plan and risk minimisation plan attached to the application  | Yes 🞏 No 🞏 |
| --- | --- |

Get further information on the [additional requirements](https://www.education.vic.gov.au/childhood/providers/regulation/Pages/medicalconditions.aspx) education and care services must meet to ensure the safety, health and wellbeing of a child with a medical condition