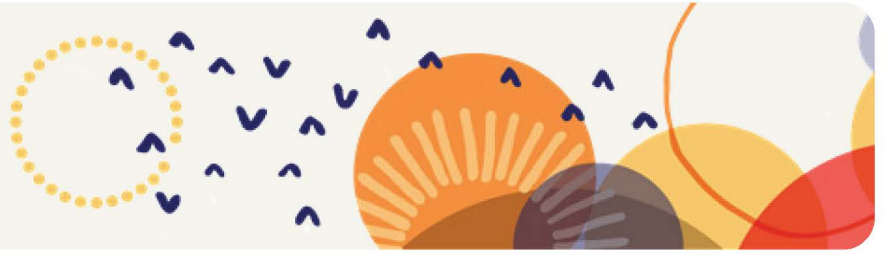




One For All



Acknowledgement when receiving Inclusion Support within a State Funded Kindergarten session in a Commonwealth funded service:

Our service confirms that we have appropriately explored all Victorian State-based resourcing options such as KIS Funding and PSFO support, before contacting the Victorian Inclusion Agency to explore further support and resourcing.

As required by State processes, we have contacted our local KIS Provider and thoroughly explored with them our eligibility for accessing KIS resources to support identified barriers to inclusion. This has included engaging in processes to adequately explore 'Additional Educator Funding', including following appropriate KIS Provider application appeals processes.

As appropriate we have engaged our local PSFO as a State resource to support identified barriers in areas of program planning and creating inclusive environments within our State funded program, before contacting the Victorian Inclusion Agency to explore further support and resourcing.

Please note that PSFO are not able to ascertain if KIS resourcing is an appropriate option. This can only be done by exploring eligibility with a services local KIS Provider.

Please tick and complete as appropriate. In applying for KIS funding:

The child, _____, was eligible for KIS funding and our service has been granted _____ hours of support via KIS Funding.

Our service was advised by the KIS provider that our application was deemed ineligible or only eligible for identified hours by the KIS Regional Advisory Group.

We have worked through the appropriate KIS appeals process and have now identified further barriers to inclusion outside of the KIS funded hours, seeking further support and resourcing options from our Inclusion Professional.

We have reviewed the Kindergarten Inclusion Support (KIS) guidelines <https://www.vic.gov.au/kindergarten-inclusion-children-disabilities> and have determined we do not meet the eligibility criteria.

KIS hours approved in the Care Environment (please add approved days and times)

Monday Tuesday Wednesday Thursday Friday

Please note the child, _____, included in this application, is enrolled in this service's funded kinder program and attracts CCS during the Kindergarten program.

Service name:

Informant's name:

Position held within the service:

Date:



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