

# Welcome!

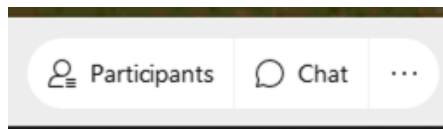
2023 Foundation Parent Information Evening



ABBOTSFORD  
PRIMARY SCHOOL

欢迎来到亚伯斯福特小学

*Feel free to type your questions in the chatroom at any time to receive an instant response!*





Wurundjeri  
Tribe

# Agenda

## Welcome (Hang)

- Acknowledgement of Country
- Foundation Transition Team

## Readiness for School (My Hoa)

- Before coming to school
- Beginning school
- The first few weeks of school

## Parent Perspectives (Debra)

## Student Wellbeing (Caroline)

- Medication / Allergies / Asthma
- Student Support Services

## What's Next? (Hang)

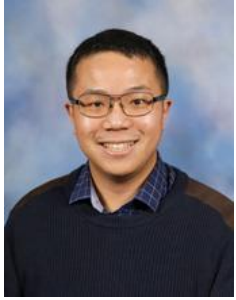
- Parent Handbook
- Transition Events
- Website

## Q&A

## (Mid-Nov) Curriculum Readiness

- English
- Chinese
- Mathematics

# Foundation Transition Team



Stanley

Principal /  
Chinese Leader



Caroline

Student  
Wellbeing  
Officer



My Hoa

Foundation  
Teacher



Cheryl

Foundation  
Teacher



Marianna

Business  
Manager



Hang

Acting  
Learning  
Specialist  
/  
Maths Leader



Lizzie

Leading  
Teacher  
/  
Integrated  
Studies  
Leader





# Readiness for School



# Readiness for School

Starting school is a big change for your child. Anything that you can help them to learn to do before they come to school will make school a happier place to be.

## Term One focus

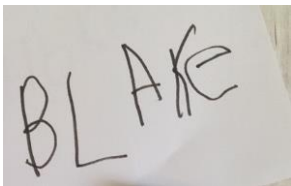
- Routines are set up and established.
- Opportunities are created for the students to establish friendships.
- The students are taught what a good class community looks like and we model how we help each other to be safe, to listen and learn.
- Teamwork and social skills are nurtured.





# Before Your Child Comes to School

Help your child learn how to:



- Write their name



- Take off and put on clothing such as a hat and jacket



- Put on shoes and tie up shoe laces/use Velcro tabs



- open and close their lunch box and drink bottle



- eat and drink without help (e.g. opening packets/peeling fruit)



- use a handkerchief or tissue
- go to the toilet on their own



- put things away in their bag and zip it up



- use scissors correctly and safely

# Beginning School

Your child will need to bring the following to school:

**Recess Snack** (packed separately or in a separate compartment):  
fruit, vegetables or crackers, muesli bar, cheese, or half of their sandwich.  
(Usually about two or three items of food)

**Lunch** (lunch box needs to have child's name on base and lid):  
One main meal (one sandwich/roll, leftovers, rice dish, sushi etc) and  
either some fruit/vegetables or a treat (such as a muffin, biscuits, etc)



Named water bottle



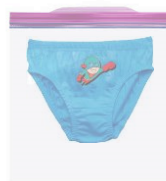
School Bag  
(named and with a  
distinctive tag)



Please label all items of  
clothing to ensure that  
they can be returned if  
misplaced.



Plastic bag with a  
change of underwear





# Beginning School

## Ways you can help at home:

- Ensure that your child has a good night's sleep
- Allow for traffic delays so that your child gets to school on time. This will help students feel settled and prepared for the events of the day
- Foster confidence by giving your child simple duties around the home, such as setting the table
- Read with your child every day
- Admire the work your child does and show an interest in your child's accounts of daily activities
- Foster independence by encouraging children to carry their own bags, to look after their possessions and to put things back where they belong
- Be very patient and understanding if your child comes home tired
- Be positive! Speak to your child about what to expect and discuss things they can look forward to doing at school.



# Settling In: The First Few Weeks

During the first week you are welcome to stay for a short period of time to ensure your child feels secure, but once they have settled in, a quick, reassuring goodbye encourages independence.

- |  |
|--|
| • Put sunscreen on your child in the morning before school and ensure they wear their SunSmart hat.  |
| • Take your child to their designated classroom.   |
| • Ask your child to find their name tag to put on (these are worn during the first week or two to help teachers and children identify one another) |
| • Encourage your child to look for their name and support your child to put their belongings into the designated locker.                           |
| • Encourage your child to find an activity that interests them.  |
| • Say a quick 'good-bye' and inform your child that you will be going and will be back to pick them up later in the day.                           |

# Parent Perspectives

Debra

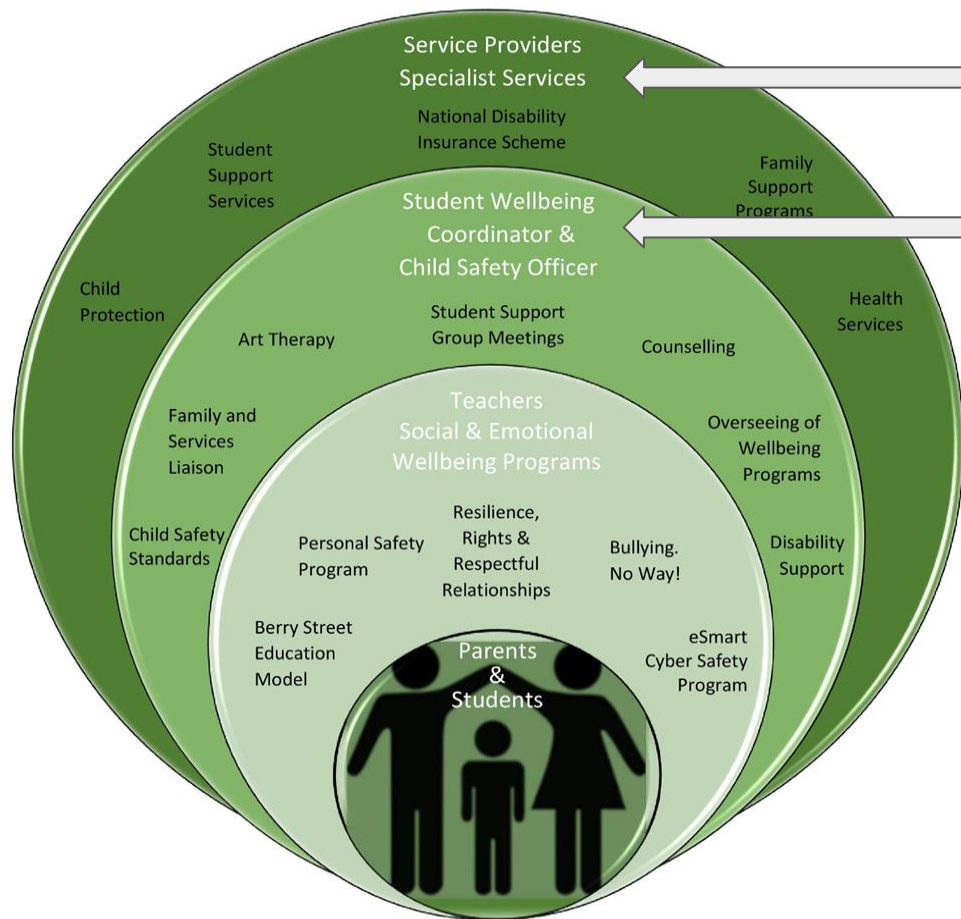




Student

WELLBEING





# Medication

Some students require regular medication to be administered during the school day, whilst others may have medication for a short term illness.

Students that require medication during the day are to complete an 'Administration of Medication' form from the office, and provide the office with the medication.


**MEDICATION MUST NOT BE SELF  
ADMINISTERED BY A STUDENT WITHOUT  
PRIOR APPROVAL BY THE PRINCIPAL.**

Parents are responsible for replenishing their child's medication.





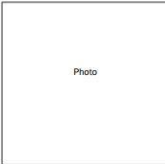
# Allergies / Anaphylaxis / Asthma



ascia  
australian society of clinical immunology and allergy  
www.allergy.org.au

**ACTION PLAN FOR Allergic Reactions**

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_



Photo

**MILD TO MODERATE ALLERGIC REACTION**

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

**ACTION FOR MILD TO MODERATE ALLERGIC REACTION**

- For insect allergy, flick out stinging if visible. Do not remove ticks.
- Stay with person and call for help.
- Give other medications (if prescribed).....
- Phone family/emergency contact.

Confirmed allergens: \_\_\_\_\_

Family/emergency contact name(s): \_\_\_\_\_

Work Ph: \_\_\_\_\_  
Home Ph: \_\_\_\_\_  
Mobile Ph: \_\_\_\_\_

Plan prepared by: \_\_\_\_\_  
Dr: \_\_\_\_\_

I hereby authorise medications specified on this plan to be administered according to the plan.  
Signed: \_\_\_\_\_

Date: \_\_\_\_\_  
Date of next review: \_\_\_\_\_

Note: The ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens.

For people with severe allergies (and at risk of anaphylaxis) there are ASCIA Action Plans for Anaphylaxis, which include adrenaline autoinjector instructions.

Instructions are also on the device label and at: [www.allergy.org.au/anaphylaxis](http://www.allergy.org.au/anaphylaxis)

**Mild to moderate allergic reactions may not always occur before anaphylaxis**

**Watch for ANY ONE of the following signs of anaphylaxis**

**ANAPHYLAXIS (SEVERE ALLERGIC REACTION)**

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

**ACTION FOR ANAPHYLAXIS**


- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.
- 2 Give adrenaline autoinjector if available.
- 3 Phone ambulance\*: 000 (AU) or 111 (NZ).
- 4 Phone family/emergency contact.

Commence CPR at any time if person is unresponsive and not breathing normally.  
\*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

**IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA**

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Anaphylaxis: Y ☐ N ☐ Medication: \_\_\_\_\_




ascia  
australian society of clinical immunology and allergy  
www.allergy.org.au

**ACTION PLAN FOR Anaphylaxis**

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

For use with EpiPen® adrenaline autoinjectors



Photo

**MILD TO MODERATE ALLERGIC REACTION**

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

**ACTION FOR MILD TO MODERATE ALLERGIC REACTION**

- For insect allergy, flick out stinging if visible. Do not remove ticks.
- Stay with person and call for help.
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector.
- Give other medications (if prescribed).....
- Phone family/emergency contact.

Confirmed allergens: \_\_\_\_\_

Family/emergency contact name(s): \_\_\_\_\_

Work Ph: \_\_\_\_\_  
Home Ph: \_\_\_\_\_  
Mobile Ph: \_\_\_\_\_

Plan prepared by: \_\_\_\_\_  
Dr: \_\_\_\_\_

I hereby authorise medications specified on this plan to be administered according to the plan.  
Signed: \_\_\_\_\_

Date: \_\_\_\_\_  
Date of next review: \_\_\_\_\_

**Mild to moderate allergic reactions may not always occur before anaphylaxis**

**Watch for ANY ONE of the following signs of anaphylaxis**

**ANAPHYLAXIS (SEVERE ALLERGIC REACTION)**

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

**ACTION FOR ANAPHYLAXIS**

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.
- 2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector.
- 3 Phone ambulance\*: 000 (AU) or 111 (NZ).
- 4 Phone family/emergency contact.
- 5 Further adrenaline doses may be given if no response after 5 minutes, if another adrenaline autoinjector is available.

**If in doubt, give adrenaline autoinjector**

Commence CPR at any time if person is unresponsive and not breathing normally.  
EpiPen® is generally prescribed for adults and children over 5 years.  
EpiPen® Jr is generally prescribed for children aged 1-5 years.  
\*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

**IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA**

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Anaphylaxis: Y ☐ N ☐ Medication: \_\_\_\_\_

**How to give EpiPen®**




Form fist around EpiPen® and pull OFF BLUE SAFETY RELEASE.

PLACE ORANGE END against outer mid thigh (with or without clothing).

PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds. REMOVE EpiPen. Massage injection site for 10 seconds.

Instructions are also on the device label and at: [www.allergy.org.au/anaphylaxis](http://www.allergy.org.au/anaphylaxis)




Asthma Foundation Victoria

**Asthma Action Plan**

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

For use with a Puffer and Spacer



Photo

**MILD TO MODERATE SIGNS**

- Minor difficulty breathing
- May have a cough
- May have a wheeze

**ACTION FOR MILD TO MODERATE ASTHMA FLARE UP**

- 1 Sit the person upright.
  - Stay with person and be calm and reassuring
- 2 Give 4 separate puffs of Astromir, Asmol or Ventolin
  - Shake puffer before each puff
  - Put 1 puff into the spacer at a time
  - Take 4 breaths from the spacer between each puff
- 3 Wait 4 minutes.
  - If there is no improvement, repeat step 2

If there is still no improvement follow the Asthma First Aid Plan for severe / life-threatening asthma attacks below

Confirmed triggers: \_\_\_\_\_

Family/emergency contact name(s): \_\_\_\_\_

Work Ph: \_\_\_\_\_  
Home Ph: \_\_\_\_\_  
Mobile Ph: \_\_\_\_\_

Plan prepared by: \_\_\_\_\_  
Dr or NP: \_\_\_\_\_

I hereby authorise medications specified on this plan to be administered according to the plan.  
Signed: \_\_\_\_\_

Date: \_\_\_\_\_  
Date of next review: \_\_\_\_\_

**Mild to moderate symptoms do not always present before severe or life-threatening symptoms**

**SEVERE SIGNS**

- Cannot speak a full sentence
- Sitting hunched forward
- Tugging in of skin over chest or throat
- May have a cough or wheeze
- Obvious difficulty breathing
- Lethargic
- Sore tummy (young children)

**LIFE-THREATENING SIGNS**

- Unable to speak or 1-2 words
- Collapsed / Exhausted
- Gasping for breath
- May no longer have a cough or wheeze
- Drowsy / Confused / Unconscious
- Skin discolouration (blue lips)

**ACTION FOR SEVERE / LIFE-THREATENING ASTHMA ATTACK**

- 1 Sit the person upright. Be calm and reassuring. Do not leave them alone.
- 2 Phone ambulance: Triple Zero (000).
- 3 Give 4 separate puffs of Astromir, Asmol or Ventolin
  - Shake puffer before each puff
  - Put 1 puff into the spacer at a time
  - Take 4 breaths from the spacer between each puff
- 4 Wait 4 minutes.
- 5 Keep giving 4 puffs every 4 minutes until emergency assistance arrives.

Commence CPR at any time if person is unresponsive and not breathing normally.  
Blue release medication is unlikely to harm, even if the person does not have asthma.

**IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA**

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Anaphylaxis: Y ☐ N ☐ Type of autoinjector: \_\_\_\_\_

© The Asthma Foundation of Victoria 2018. This plan was developed as a medical document that can only be completed and signed by the patient's treating medical doctor, nurse practitioner or a practice nurse and cannot be altered without their permission.

# Student Wellbeing & Support Services

## Student Support Services

- Speech Pathologist, Psychologist and Social Workers
- School Nurse visit (Foundation)
- Student Support Groups
- Programs for Students with Disabilities
- Knowing any issues allows us to adjust programs to support students

## Student Wellbeing

- Start of year transition - Wednesdays off in February
  - Targeted English and Maths tasks for one hour on one Wednesday
- Buddy program
- Student of the Week awards
- Foundation focused events: 100 Days of School, Teddy Bears' Picnic, Fire Education, excursions and incursions

A stack of several colorful sticky notes (pink, orange, green, and purple) is shown. The top sticky note is light blue and features the text "WHAT'S NEXT?" in bold, black, sans-serif capital letters. The notes are slightly offset, creating a sense of depth.

**WHAT'S  
NEXT?**





# Parent Handbook 2023

**Webpage Access:**  
APS Home Page >  
Community >  
[Parent Handbook](#)

Mid-Oct  
2022

- **Online Presentation "Getting Your Child Ready for School"**  
(Exec & Transition Team)

**Today!**

Late  
Oct  
2022

- **Online Transition Materials (on APS Youtube Channel)**  
(Transition Team)

Mid-Nov  
2022

- **Onsite Experience for Students + Academic Presentation for Parents**  
(Exec & Transition Team)

Mid-Dec  
2022

- **End-of-Year Picnic**  
(Fundraising & Community Events Sub-Committee)

By end  
of 2022

- **Insight Platform Transition Form** **uploaded by kindergarten teachers**  
(Transition Team)

Late Jan  
2023

- **30 Jan 2023 - Start of Term 1**

Feb-Mar  
2023

- **Transition Month - no school\* on Wednesdays in February (for Foundation)**
- **Chinese & English Information Session**

Q & A

Thank you for your attention!

# TRANSITION FOR 2023 ENTRY

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## Webpage Access:

APS Home Page > Enrolments > [Transition for 2023 Entry](#)

*Updated: 2/8/2022*

### **Prospective Parents Focus Groups**

We are interested in understanding the process prospective parents have gone through in deciding which school is the right fit for your child, as well as offer you an opportunity to meet other prospective parents and ask questions about the school.

Please note that attendance at the focus groups are optional but strongly encouraged.

#### Focus Group 1

6pm on Monday, 8 August

#### Focus Group 2

1pm on Friday, 12 August

#### Focus Group 3

9:30am on Wednesday, 17 August

All Focus Groups will be hosted on Webex via <https://eduvic.webex.com/meet/wang.stanleyy>

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*Updated: 31/7/2022*