

# Tips for completing Kindergarten Inclusion Support (KIS) applications

This tip sheet is designed to support educators when completing KIS applications. It includes key tips, practical guidance and common mistakes to help make your application as clear and complete as possible. It reflects insights from the Department of Education's assessment process.

Please note: This is general guidance only and does not guarantee eligibility. Instead, it helps you understand what information is needed to support a strong application.

It covers five key areas of an application:

- 1. Behaviour Chart Section**
- 2. Group Dynamics Section**
- 3. Context of the Child Section**
- 4. Complex Medical Needs Applications**
- 5. Documentary Evidence**

**Visit the portal  
to find out more**

Version 1.2 290725



**VICTORIA**  
State  
Government

## 1. Behaviour Chart Section

The behaviour chart is a key part of the majority of applications, used to assess the significance and impact of behaviours that may place the child or others at risk.



### Best practice tips:

- Focus on observable behaviours that pose a significant risk of serious injury to the child or others (e.g. biting, scratching, hair pulling).
- Use plain language to describe what the behaviour looks like and how it has been observed to create a significant risk of serious injury. Ensure the description creates a clear picture for someone who does not know the situation.
- Specify how often the behaviour occurs, how intense it is, and what the triggers are.
- Provide detailed information about the strategies used to respond to the behaviours of concern.

### Example:



- Behaviour: Bites peers on the shoulder, arm or hand, often causing bite marks and bruising.
- Trigger: Occurs when peers enter his space or he wants a toy another child is playing with.
- Risk: Peers receive bite injuries including bite marks, bruising and at times broken skin.
- Frequency: select the frequency from the options available in the online application form.



### Common mistakes:

- Listing behaviours without clear examples or context.
- Describing general difficulties with regulation without clarifying how these lead to a risk of injury.
- Failing to link behaviours to specific triggers, intensity, and frequency.

## 2. Group Dynamics Section

This section is your opportunity to show what additional support is required for the whole group, (not just the focus child) and why.



### Best practice tips:

- Refer to other children using labels like "child A" or "child B" to protect privacy.
- Include information about other children who require additional support to participate (beyond typical support at kindergarten).
- Describe the additional support that is provided to assist the child's participation at kindergarten
- Describe the children who attend on the same sessions/days as the child who is the focus of the application.

**Example:**

- Child A presents with delayed communication skills and uses visuals to support communication and transitions. The educator uses a lanyard with visuals and a visual schedule to support the child's understanding and communication regularly through the session.
- Child B has sensory processing difficulties and becomes distressed in loud environments, requiring an Educator to support them to access headphones and quiet spaces for calming breaks throughout the day.

**Common mistakes:**

- Listing vulnerabilities that are common across early childhood settings (e.g. "child from a Refugee background").
- Naming a child's diagnosis or suspected diagnosis without describing their specific additional support needs at kindergarten.
- Listing information about the child who is the focus of the application in this section.

### 3. Context of the Child Section

This section should give the assessor a clear picture of how the child is functioning at kindergarten, and the support that is required for them to participate in the program.

**Best practice tips:**

- Focus on what is observed in the kindergarten context (where possible), including strengths and challenges.
- Describe the child's current skills and the additional support required in each relevant developmental area
- Be specific about how the child participates across the day — group time, transitions, social play, mealtimes, etc.
- Link the child's developmental needs or medical needs to the supports required.

**Example:**

- In the social section - the child struggles with sharing toys with other children and taking turns. The educator supports turn taking using a First/Then visual and a visual timer.
- In the communication section - the child uses some single words and often uses gestures and pointing to show their preferences and wants. Educators assist the child to use visuals to communicate their needs and to ensure they understand directions and routines at kindergarten. Educators often get down to the child's level and encourage them to use and repeat their words to express themselves.

**Common mistakes:**

- Copying from the diagnosis report without explaining how the child presents in the kindergarten setting.
- Describing the child's presentation in their home environment, when the child has been attending kindergarten.
- Using vague or general language (e.g. "has trouble regulating emotions").

## 4. Complex Medical Needs Applications

These applications require clear, concise evidence that the child's medical condition requires ongoing individualised health supports at kindergarten. Additional supervision and monitoring are not individualised health supports. **Please note:** Asthma, allergies and anaphylaxis (as the only diagnosis) are not eligible for KIS Complex Medical Needs.



### Best practice tips:

- Clearly describe what support the child needs from an educator and when (e.g. support during mealtimes or medication administration).
- Provide a Medical Management Plan that is prepared by or signed by a medical professional that documents the individualised health support that the child requires.



### Example:

- Child requires two PEG feeds during the kindergarten session. An educator spends up to 45 minutes preparing for each feed, completing the feed and flushing the tube after each feed.



### Common mistakes:

- Including conditions that do not require ongoing individualised health supports.
- Not providing a current Medical Management Plan and Risk Minimisation Plan.

## 5. Documentary Evidence

This section should include documents that add to the assessor's picture of how the child is functioning at kindergarten, and how their disability, developmental delay or complex medical need affects inclusion.



### Best practice tips:

- Only include documents that support the application (e.g. diagnosis reports, specialist letters,).
- Allied Health reports, documentation of ongoing assessment, Medical Management Plans and Risk Minimisation Plans must be no more than 12 months old, however diagnostic reports may be older.
- If requesting Specialist Training or Minor Building Modifications ensure that you provide 2 current quotes where possible



### Example:

- Upload a report from a Paediatrician outlining a diagnosis of Autism Spectrum Disorder.
- Attach a Medical Management Plan written by the Paediatrician in the last 12 months detailing the individualised health support that the child requires.
- Attach a quote from the Royal Children's Hospital for training of six Educators in providing PEG feeding.



### Common mistakes:

- Uploading outdated, incomplete or irrelevant documents.
- Waiting for/relying on Allied Health reports which do not add information about the child's presentation at kindergarten.