

# Pack Delivery

If reviewing OR delivering **more than one activity pack** during a visit, then use **one form for each** pack delivery and pack review.

## 1. General Information

|                          |                                                                          |                       |                    |
|--------------------------|--------------------------------------------------------------------------|-----------------------|--------------------|
| <b>Child's name:</b>     | Jake Fake                                                                | <b>Tutor:</b>         | Jill FakeTutor     |
| <b>Date of delivery:</b> | 23/10/2025                                                               | <b>Delivery time:</b> | 1 hours 03 minutes |
| <b>Curriculum:</b>       | <input type="checkbox"/> Age 3 <input checked="" type="checkbox"/> Age 4 |                       |                    |

## 2. Review of the Last Pack

|                                                                                                                                                                                                            |                                         |                                                                                                    |                                         |                                                                                                 |                                         |                                                                                                            |                              |                                                                                                             |                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------|
| <b>Pack name:</b>                                                                                                                                                                                          | Kangaroo 2                              |                                                                                                    |                                         |                                                                                                 |                                         |                                                                                                            |                              |                                                                                                             |                              |
| <b>Which activities did the family do from the last pack? Please tick all that apply.</b>                                                                                                                  |                                         |                                                                                                    |                                         |                                                                                                 |                                         |                                                                                                            |                              |                                                                                                             |                              |
| <br>Thinking and Exploring                                                                                                | <input checked="" type="checkbox"/><br> | <br>Communication | <input checked="" type="checkbox"/><br> | <br>Creativity | <input checked="" type="checkbox"/><br> | <br>Social and Emotional | <input type="checkbox"/><br> | <br>Family and Community | <input type="checkbox"/><br> |
| <b>Family Reflections:</b>                                                                                                                                                                                 |                                         |                                                                                                    |                                         |                                                                                                 |                                         |                                                                                                            |                              |                                                                                                             |                              |
| Did the parent/carer or child provide any feedback on the last pack activities ( <i>positive or negative</i> )?                                                                                            |                                         |                                                                                                    |                                         |                                                                                                 |                                         |                                                                                                            |                              |                                                                                                             |                              |
| Did the family make changes to the activities to suit their child?                                                                                                                                         |                                         |                                                                                                    |                                         |                                                                                                 |                                         |                                                                                                            |                              |                                                                                                             |                              |
| Has the family experienced any successes or challenges?                                                                                                                                                    |                                         |                                                                                                    |                                         |                                                                                                 |                                         |                                                                                                            |                              |                                                                                                             |                              |
| <b>Dad said HIPPY Child didn't want to do any of the activities this week, but then mum and dad made the activities all about animals. HIPPY child did three activities but then wanted to take a nap.</b> |                                         |                                                                                                    |                                         |                                                                                                 |                                         |                                                                                                            |                              |                                                                                                             |                              |

## 3. New Pack Delivery

|                                                                                                                                                                                                                   |                                                               |                                                         |                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------|----------------------------------------|
| <b>Pack delivered:</b>                                                                                                                                                                                            | Kangaroo 3                                                    | <b>Activities roleplayed:</b>                           | 5                                      |
| <b>Did you discuss any of the following in relation to this pack? Select any options that best fit.</b>                                                                                                           |                                                               |                                                         |                                        |
| <input checked="" type="checkbox"/> 3Cs                                                                                                                                                                           | <input checked="" type="checkbox"/> Behaviour-specific praise | <input checked="" type="checkbox"/> Everywhere Learning | <input type="checkbox"/> None of these |
| <b>Was this delivery done in a language other than English? Select one option.</b>                                                                                                                                |                                                               |                                                         |                                        |
| <input type="checkbox"/> YES                                                                                                                                                                                      | If YES, please ENTER the language or languages used.          |                                                         | <input checked="" type="checkbox"/> NO |
| <b>Were there any adjustments made to this delivery to meet the family's needs? This can include use of visual aids, additional resources, changes to activities, delivery of pack over multiple visits, etc.</b> |                                                               |                                                         |                                        |

Mum said they were a little worried about whether the HIPPY Child would like the activities this week as they were a bit passive, and we discussed how to make activities more active

#### 4. General Comments

Comments can include anything you would like to raise with your Coordinator such as additional resources for this family, reminders, or additional support.

Has the family started working with any local services?

Does the parent/carer have any ideas for changes they would like for their next visit?

Any changes in family circumstances?

Mum will be having a baby soon and might need the HIPPY schedule adjusted to fortnightly or go on hold while they settle in. Tutor gave out the Children's Week event flyer.

If needing to record more than one referral, please complete a **Family Referral form**. You do not need to complete an additional Family Referral form for a referral recorded below.

#### 5. Referral to a Service

If needing to record more than one referral, please complete a **Family Referral form**. You do not need to complete an additional Family Referral form for a referral recorded below.

**Was a referral provided?**

Select one option.

☐ YES, internal

☐ YES, external

☒ NO

If external, please ENTER names of external organisations.

**If YES, to either Internal or External referral, what type of service did you refer the family to?**

Select one option.

☐ Adult education

☐ Financial assistance

☐ Playgroup

☐ Advocacy

☐ Food bank

☐ Saver Plus

☐ Child care

☐ Government services

☐ Speech and language

☐ Cultural services

☐ Health service

☐ Substance abuse

☐ Disability/NDIS

☐ Housing

☐ Training or skills development

☐ Early childhood support

☐ Legal service

☐ Utilities assistance

☐ Employment

☐ Literacy

☐ Other: Type here.

☐ Family violence

☐ Mental health support