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| <b>Policy and Procedure Guide</b> |
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| <b>Subject:</b> Staffing Support | <b>Date Effective:</b> September 2011       |
|                                  | <b>Review Date:</b> By end of December 2012 |

**Responsible to:** Team Leader Senior Teachers

**Applies to:** Senior Teachers, Head Teacher, Teachers

**Purposes:** On occasions, additional staffing is required to ensure the maintenance of an effective and positive learning environment at the kindergarten.

**Definitions:** •

**References:** •

## POLICY

1. The Team Leader Senior Teachers shall administer this policy.
2. In the event that the learning environment of the kindergarten is adversely affected, the Senior Teacher may request additional staff support for that kindergarten.
3. Reasons for application may include but are not limited to:
  - a high number of children exhibiting challenging behaviour;
  - a high number of children requiring intensive support to settle;
  - a high number of children requiring extensive support with self help skills.
4. Additional staffing support will generally be put in place for a limited period of time, agreed at the time of the Team Leader Senior Teachers' decision.
5. The success of any application shall depend on the nature and scope of the need.

## PROCEDURES

1. Requests for staffing support shall be made to the Team Leader Senior Teachers from the Senior Teacher concerned.
2. Details of staffing support shall be recorded by the Team Leader Senior Teachers and a copy given to the Payroll Officer.

# STAFFING SUPPORT APPROVAL

|                                           |                                                                                                                        |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>Kindergarten</b>                       |                                                                                                                        |
| <b>Reason/s for support</b>               |                                                                                                                        |
| <b>Time the Support will be provided:</b> | <b>Number of days/sessions:</b><br><br><b>Session/Hours per day:</b><br><br><b>Start date:</b><br><br><b>End date:</b> |
| <b>Name of reliever if known</b>          |                                                                                                                        |

Signed: \_\_\_\_\_  
Team Leader Senior Teachers

Date: \_\_\_\_\_