



ST. KEVIN'S NATIONAL SCHOOL

Rathdown Road,
Greystones,
Co. Wicklow
Telephone – 01 2876660
Roll Number - 17720F
Email – office@stkevins.ie

Pre-school Report for Referral to St. Kevin's Language Class.

Parents / Guardians should complete parental consent form on page 1. Teaching staff involved with the child should fill out the following report as accurately as possible. The Social/Emotional Behavioural Rating Scale on p 7-8 must also be completed.

Parental Consent

Name of Child: _____ Child's Date of Birth: _____

Parent/Guardian Names (PLEASE PRINT IN CAPITALS):

A. Mother/Guardian: _____ B. Father/Guardian: _____

Address(es): _____

Parent/Guardian Phone Numbers: A. _____ B. _____

Parent/Guardian Email Addresses: A. _____ B. _____

I/We _____ hereby give my/our consent to have this form completed for my/our child by his/her teacher.

I/We understand that this referral form is used to support my child's application for a place in a **Speech and Language Disorder Class** in St. Kevin's National School.

My child's Speech and Language Therapist / Psychologist and class teacher have discussed with me why this class would benefit my child.

Signed:

Mother/Guardian: _____ Father/Guardian: _____

Date: _____ Date: _____

Name of Pre-school: _____

Pre-school Address: _____

Pre-school Telephone No.: _____

Name of Teacher completing this report form: _____

How long have you known this child? _____

How many children are currently in his/her class? _____

Age Range of Current Class: _____

Please comment on all of the following:

Self-Management/Organisational Skills

(e.g. tidying desk, dressing, packing school bag etc.)

Social Skills

(e.g. forming friendships, taking positive initiatives with other children, turn-taking, resolving conflicts, expressing empathy)

Behaviour on Playground

(e.g. turn-taking, mixing with others, obeying rules)

General Classroom Behaviour and Compliance

(e.g. ability to follow the classroom agenda, change activities on request, wait for his/her turn, tolerate frustration, avoid and resolve conflicts)

Listening and Attention Skills

How are the child's concentration skills? _____

Can he/she work on a task on his/her own? _____

How does he/she behave within group activities? _____

Speech Skills

(e.g. How successfully can you and others understand his/her speech?)

Language Comprehension Skills

(e.g. How successfully can he/she understand classroom instructions and questions related to stories or events that take place in school?)

Expressive Language Skills

(e.g. How successfully can he/she use language to ask questions, tell about a simple event/story? etc.)

Curricular Activities

(We would appreciate if you would take a moment to complete the following and add your own comments/opinions in the spaces provided.) **Please circle / tick as appropriate.**

Gross Motor Skills (please circle:) **Excellent** **Very good** **Good** **Fair** **Weak**
(general movement/ action games etc.)

Fine Motor Skills (please circle:) **Excellent** **Very good** **Good** **Fair** **Weak**

Creative Learning

(How well does he/she engage in sand and water play, constructive play or arts and crafts?)

Pre-literacy Skills

Can he/she associate same sounds/letters? **Yes** **No**

Can he/she recite rhymes/songs learned? **Yes** **No**

Oral Language Skills

(Vocabulary/ ability to express him/herself; retell information) Please comment:

Number Skills

Can he/she count by rote?

0-5

6-10

other

Can he/she recognize numbers?

0-5

6-10

other

Personality

Give a brief account detailing strengths/weaknesses/social skills

Attitude towards pre-school

(E.g. attendance, punctuality, relationships, separation from parent)

Outline of pre-school programme

(Give a brief account)

Social, Emotional and Behavioural Rating Scale.

To be completed by the teacher(s) working with the child.

Child's name: _____ D.O.B: _____ Age: _____

Completed by: _____ Teacher Parent Tel: _____

For each statement below please circle the one which, in your experience, applies most appropriately to the child: generally the case, sometimes the case or rarely the case.

Mark one response only per statement. Please complete this form in consultation with the parents/guardians if there are items that you have not directly observed.

Social			
Question	Rating (please circle)		
1. The child is included by peers in interactions, e.g. games, invited to parties etc.	Generally	Sometimes	Rarely
2. The child initiates appropriate verbal interactions with familiar listeners, e.g. conversations, telling news, recounting stories.	Generally	Sometimes	Rarely
3. The child is able to join in and play with peers to an age appropriate level.	Generally	Sometimes	Rarely
4. The child withdraws from interactions with peers.	Generally	Sometimes	Rarely

Emotional			
Question	Rating (please circle)		
1. The child presents as confident in familiar settings.	Generally	Sometimes	Rarely
2. The child can resolve conflicts and negotiate with peers to an age appropriate level.	Generally	Sometimes	Rarely
3. The child's initial reaction when set a task is to 'opt out' or give up, e.g. saying "it's too hard for me"	Generally	Sometimes	Rarely
4. The child gets frustrated or anxious when he/she cannot get his/her message across.	Generally	Sometimes	Rarely

Behavioural			
Question	Rating (please circle)		
1. The child uses strategies to get his/her message across, e.g. gesture, actions or "saying it another way".	Generally	Sometimes	Rarely
2. When the child can't fully understand what is being said, he/she can let you know by asking you to explain again or repeat ..."huh/what?"	Generally	Sometimes	Rarely
3. The child demonstrates age appropriate pragmatic language skills, e.g. eye contact, vocal volume, turn-taking, using language forms that are appropriate to the situation and people involved.	Generally	Sometimes	Rarely
4. The child can react in any of the following ways when he/she has difficulty understanding what is being said or has difficulty expressing him/herself: becoming embarrassed, becoming withdrawn, acting out, behaving aggressively, tantrums.	Generally	Sometimes	Rarely
5. The child shows signs of discomfort in speaking situations, e.g. muscles tensing, tearfulness, throat clearing, blanching/blushing.	Generally	Sometimes	Rarely

Please add any additional comments you feel are appropriate:

Thank you for completing this form.

Preschool Teacher's Signature: _____

Preschool Director's Signature: _____

Date: _____