



## ST. KEVIN'S NATIONAL SCHOOL

Rathdown Road,  
Greystones,  
Co. Wicklow

Telephone - 2876660  
Roll Number - 17720F  
Email – office@stkevins.ie

### **School Report for Referral to St. Kevin's Language Class**

***Parents should complete the consent form on page 1 of this document. Teaching staff involved with the child should fill out the following report as accurately as possible. If the child is receiving any additional support teaching, the support teacher(s) must complete page 10 of this report. The Social Emotional Behavioural Rating Scale on pages 11-12 must also be completed.***

#### **Parental Consent**

Name of child: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Parent/Guardian name(s): \_\_\_\_\_

Parent(s)/Guardian(s) phone number(s): \_\_\_\_\_

Parent(s)/Guardian(s) email address(es): \_\_\_\_\_

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

I/We understand that this referral form is used to support my/our child's application for a place in a Specific Speech and Language Disorder Class.

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

(Both parent(s) / guardian(s) to sign where possible:)

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

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

## **School Report Form**

Class level: \_\_\_\_\_

Name of School: \_\_\_\_\_

Name of Principal: \_\_\_\_\_

School Address: \_\_\_\_\_

School Roll No.: \_\_\_\_\_

School Telephone No.: \_\_\_\_\_

Name of Class Teacher: \_\_\_\_\_

How long have you known this child? \_\_\_\_\_

How many children are currently in his/her class? \_\_\_\_\_

Has this child repeated a class? (Please circle:)            **YES**            **NO**

***If yes, please state reasons why:***

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**Please comment on all of the following:**

**Self-Management/Organisational Skills**

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

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**Social Skills**

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

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**Gross Motor Skills**

(e.g. general movement, action games, ball games etc.)

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**Fine Motor Skills**

(e.g. colouring, writing, scissors, peg boards, buttons, zips etc.)

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**Behaviour on Playground**

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

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**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)

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**Listening and Attention Skills**

How are the child's concentration skills? \_\_\_\_\_

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

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How is his/her attention in group activities? \_\_\_\_\_

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**Speech Skills – how a child produces sounds within words**

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

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**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?) \_\_\_\_\_

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**Expressive Language Skills**

(e.g. how successfully can he / she use language to ask questions, tell about a simple event or story?) \_\_\_\_\_

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**Curricular Activities:**

**Maths**

Name of book and publisher currently being used by the child: \_\_\_\_\_

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**(Please tick or circle where appropriate)**

**Can he/she count by rote? 0-10  11-20  21-50  50-100  100+**

Comment: \_\_\_\_\_

**Can he/she match the number symbol to the corresponding number of objects?**

**Yes  No**

Comment: \_\_\_\_\_

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**Can he/she perform operations of addition?**

Without regrouping  \_\_\_\_\_ With regrouping  \_\_\_\_\_

**Can he/she perform operations of subtraction?**

Without decomposition  \_\_\_\_\_ With decomposition  \_\_\_\_\_

**Can he/she perform operations of:**

Multiplication  Division  Problem solving if he/she has to read the problem him/herself

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If no, can he/she problem solve if the teacher reads the problem to him/her?

**Yes  No**

Please comment on particular strengths/needs that he/she displays in maths: \_\_\_\_\_

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Please list any computer software that the child is familiar with: \_\_\_\_\_

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**Language**

**Oral Language Skills** (e.g. how successfully can the child use language to participate in classroom discussions about different subject areas, can the child talk about past and present experiences, can the child present a project to the class)

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**Word Attack/Phonological Awareness**

Strengths and needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reading**

Name of current reading book and scheme: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Strengths and needs in reading (e.g. ability to understand and recall what s/he reads to answer oral and written questions):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Workbook:

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**Writing Skills**

(e.g letter formation, copying from blackboard, independent writing)

Comment: \_\_\_\_\_

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***(Please attach a sample of child's writing)***

Please give details of any other English books that are being used at present by this child:

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Give a brief comment on the following subject areas where applicable:

**History:** \_\_\_\_\_

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**Geography:** \_\_\_\_\_

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**Science:** \_\_\_\_\_

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**Art:** \_\_\_\_\_

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**P.E.:** \_\_\_\_\_

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**S.P.H.E.:** \_\_\_\_\_  
\_\_\_\_\_

Please add any further information that may help to describe this child's needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Commitment to Homework**

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**School Attendance**

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Support**

Does he/she attend:

<b>Type of Support</b>	<b>Please circle</b>	<b>Number of Days</b>	<b>Time per Day</b>
Support for speech and language or other areas?	Yes    No		
Learning Support in Maths	Yes    No		
Learning Support in English/Literacy	Yes    No		
EAL Support (English as an additional language)	Yes    No		

***The child's Support Teacher(s) should fill out page 10 of this referral form which details work completed, teaching skills used and progress made by the child***

Does he/she have a Special Needs Assistant? **Yes / No**    Time allocated \_\_\_\_\_

Comment: \_\_\_\_\_



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*Please attach (as appropriate) written account from S.N.A. detailing the child's strengths and weaknesses; how he/she relates to the S.N.A. in a classroom situation)*

**Assessment Results**

Give details of any recent standardised tests, or other tests administered by class teacher, resource or learning support teacher. (e.g. reading, maths, spellings etc.)

<b>Date of test</b>	<b>Name of test</b>	<b>Results</b>

Comment:

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## **Support Teacher's Report**

*Please print additional copies of this page if required  
or attach any additional comments you wish to make.*

**What is the focus of the Support Teacher's work with the child?**

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**Please outline the progress that the child has made during the current academic year**

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**Please describe any interventions that have been put in place to meet this child's needs**

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**What are the child's biggest strengths?**

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**What are the greatest needs the child has?**

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**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: \_\_\_\_\_ (Teachers name(s)) 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.

<b>Social Scale</b>			
<b>Question</b>	<b>Rating (please circle)</b>		
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

<b>Emotional Scale</b>			
<b>Question</b>	<b>Rating (please circle)</b>		
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 s/he cannot get his/her message across.			

	Generally	Sometimes	Rarely
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<b>Behavioural Scale</b>			
<b>Question</b>	<b>Rating (please circle)</b>		
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, s/he 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 s/he has difficulty understanding what is being said or has difficulty expressing him/herself: becoming embarrassed, becoming withdrawn, acting out, behaving aggressively, having 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:***

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**Thank you for completing this form.**

**Please tick and sign below to confirm that all parts of this report are complete:**

Parental consent p.1       Class teacher p. 2-9       Support teacher p.10

Social/Emotional/Behavioral Rating Scale p.11-12

Class teacher's signature: \_\_\_\_\_

Support teacher's signature: \_\_\_\_\_

School Principal's signature: \_\_\_\_\_

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