



ST. KEVIN'S NATIONAL SCHOOL

Rathdown Road,
Greystones,
Co. Wicklow

Telephone - 2876660
Roll Number - 17720F
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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:

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)

Gross Motor Skills

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

Fine Motor Skills

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

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 is his/her attention in group activities? _____

Speech Skills – how a child produces sounds within words

(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 or story?) _____

Curricular Activities:

Maths

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

(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: _____

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

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: _____

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

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: _____

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):

Workbook:

Writing Skills

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

Comment: _____

(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:

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

History: _____

Geography: _____

Science: _____

Art: _____

P.E.: _____

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:

Type of Support	Please circle	Number of Days	Time per Day
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: _____

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.)

Date of test	Name of test	Results

Comment:

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?

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

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

What are the child's biggest strengths?

What are the greatest needs the child has?

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.

Social Scale			
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 Scale			
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 s/he cannot get his/her message across.			

	Generally	Sometimes	Rarely
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Behavioural Scale			
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, 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:

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: _____