



## 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.)

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

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.)

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***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.)

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

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***Creative Learning***

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

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***Pre-literacy Skills***

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

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

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***Oral Language Skills***

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

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**Number Skills**

Can he/she count by rote?                      **0-5**                      **6-10**                      **other**

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Can he/she recognize numbers?                      **0-5**                      **6-10**                      **other**

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**Personality**

Give a brief account detailing strengths/weaknesses/social skills

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**Attitude towards pre-school**

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

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**Outline of pre-school programme**

(Give a brief account)

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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:** \_\_\_\_\_  **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.

| <b>Social</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</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 he/she cannot get his/her message across.                         | Generally | Sometimes | Rarely |

| <b>Behavioural</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, 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:***

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**Thank you for completing this form.**

Preschool Teacher's Signature: \_\_\_\_\_

Preschool Director's Signature: \_\_\_\_\_

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