



St. Patrick's School, Drumcondra, Dublin 9

Powerstown ETNS, Tyrrelstown, Dublin 15



Pre-school Report for Referral to Language Class.

Parents 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 Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email Address: _____

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

I understand that this referral form is used to support my 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.

Signed: _____ Date: _____

Name of Pre-school: _____

Pre-school Address: _____

Pre-school Telephone No.: _____

Name of Teacher: _____

How long have you known this child? _____

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

Age Range of Current Class: _____

Please comment on 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, waits 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 or 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 tick as appropriate.

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

Fine Motor Skills **Excellent** **Very good** **Good** **Fair** **Weak**
(colouring/writing/drawing etc.)

Creative Learning

(How well does she/he 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)

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)
