



St. Patrick's School, Drumcondra, Dublin 9

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Powerstown ETNS, Tyrrelstown, D15



### **School Report for Referral to 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 learning support or resource teacher must complete page 9 of this report. The Social Emotional Behavioural Rating Scale on pages 10-11 must also be completed.*

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#### **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 class 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: \_\_\_\_\_

**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? YES / NO.

If yes, please state reasons why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please comment on 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, waits 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**

(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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(Tick where appropriate)

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

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

Yes                  No

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:

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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)

*Comments* \_\_\_\_\_

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**Word Attack/Phonological Awareness**

Strengths and needs

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**Reading Comprehension**

(e.g. ability to understand and recall what he/she reads to answer oral and written questions).

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**Reading**

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

Strengths and needs in reading \_\_\_\_\_

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

**Writing**

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

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

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

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**Commitment to homework.**

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

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**School attendance.**

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

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## **Additional Support**

Does he/she attend:

Resource                      Yes/No      No. of days \_\_\_\_\_      Time per day \_\_\_\_\_

Learning Support Maths    Yes/No      No. of days \_\_\_\_\_      Time per day \_\_\_\_\_

Learning Support English   Yes/No      No. of days \_\_\_\_\_      Time per day \_\_\_\_\_

**◆Resource or Learning Support Teacher should fill out page 9 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 \_\_\_\_\_

Comments \_\_\_\_\_

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

## **Assessment Results**

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

Date of test	Name of test	Results



**Resource/Learning Support Teachers Report**

What is the focus of the Resource Teacher's (RT)/ Learning Support Teacher's (LST) 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 the needs of this child.

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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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**Please attach any further comments you wish to make.**



**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 has difficulty understanding what is being said or has difficulty expressing himself: 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 2-8  RT/LST teacher p 9

Social/Emotional/Behavioral Rating Scale p 10-11

Class Teacher's Signature: \_\_\_\_\_

Resource Teacher's Signature: \_\_\_\_\_

Learning Support Teacher's Signature: \_\_\_\_\_

School Principal's Signature: \_\_\_\_\_

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