



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 support teacher(s) must complete page 9-10 of this report. The Social Emotional Behavioural Rating Scale on pages 11-12 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 Language 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:

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

Does the child currently have an exemption from the study of Irish? 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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**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, following 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**

(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***

Name of current reading book and scheme

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

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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 Teaching**

Does the child receive support teaching? yes/no (please circle)

If so please specify type of support (e.g. in class support, withdrawal on individual or group basis)

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Please specify subject areas/child's needs addressed by Support Teacher(s):

\_\_\_\_\_

Number of days child receives support teaching: \_\_\_\_\_

Total support teaching hours per week: \_\_\_\_\_

**♦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 \_\_\_\_\_

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 or support teacher. (e.g. reading, maths, spellings etc.)

Date of test	Name of test	Results

## **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 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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# Social, Emotional and Behavioural Rating Scale

***To be completed by the teachers working with the child.***

Child's name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age \_\_\_\_\_  
Completed by: \_\_\_\_\_ (Teachers names)

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

**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

**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/anxious when he cannot get his message across.**

Generally                                  Sometimes                                  Rarely

## Behavioural

**1. The child uses strategies to get his 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, her/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 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       Support teacher(s) p 9-10

Social/Emotional/Behavioral Rating Scale p 11-12

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

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

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

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