



The National Assessment Agency Limited

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Referral Form

*Please ensure that all the relevant parts of this form are completed.
A signed Parental Consent Form MUST accompany this form; otherwise the referral cannot be accepted.*

Will this assessment be paid for by: *(tick the appropriate box)*

Department of Education & Science
(NEPS/SCPA Scheme)

or

Privately Funded

Name of Pupil _____ Date of Birth _____

Home Address _____

Parents/Guardian _____ Tel. Home _____ Work: _____

School _____ Roll No: _____

Principal _____

Address _____

_____ School Tel No: _____

Class _____ Class Teacher _____

REASON FOR REFERRAL:

Learning

Behavioural

Emotional

Social

Resource hour's

Exam accommodations

Other please specify: _____

Comments: _____

Please indicate the areas in which the child is experiencing difficulty and indicate any suspected disabilities:

What information do you hope to get from the assessment?

ATTENDANCE:

Satisfactory

Unsatisfactory

If unsatisfactory, please indicate reasons:

EDUCATIONAL PROFILE:

Year commencing in this school _____

Pre-school attended with dates _____

Previous schools attended with dates _____

Classes repeated _____

Size of present class _____

Please give details of the standardised test results administered in school:

<i>Date of Test</i>	<i>Name of Test</i>	<i>Result</i>

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Any comments on the above:

Please add your own observations with regards to the child's difficulties and strengths whether learning, behavioral, emotional etc.

EDUCATIONAL INTERVENTIONS:

What interventions have been made to address the problems noted? What were the results?

Curriculum modification details: _____

Classroom modification details: _____

Learning support

If yes:

How many children are in the learning support group? _____

What subjects does the child receive help with? _____

How many times a week and for how long does the child attend support? _____

For how many years has the child been receiving support? _____

Please give details of the programmes, if any, the child is following and the type of work the child is doing in his/her learning support time: _____

Resource teaching

Special needs assistant

Other

BACKGROUND INFORMATION:

Please discuss this referral with the child's parents and ascertain the following in an interview with them:

Relevant Family details:

Name of Mother Name of Father

Name of Guardian Principal carer

Nationality of child?.....

What is the primary language used at home?.....

Family Size Boys Girls

Position of child in family

Have you ever had any concerns regarding your child's early development?

.....

What concerns have you regarding your child at present?

.....

Has your child ever been referred to an agency providing Psychological/Psychiatric Services (e.g. Child Guidance Clinic/Health Board) Speech Therapist, Eye/Ear Specialist, etc.? Yes No

If yes, please state the name of the services and dates of attendance:

.....
.....
.....

Is there any other **significant** information which you as parents feel should be included? e.g. problems at home about behavioural management, emotional trauma(such as bereavements) etc.

.....
.....

What are your child's special talents, hobbies, interests and achievements?

.....
.....

I have discussed the referral with 's parent(s)/Guardian(s) and have received permission and written consent for this referral to be made.

SIGNATURE OF PRINCIPAL or REFERRING TEACHER

SIGNATURE OF PARENTS/GUARDIAN

Tick the boxes that best describe the pupil. Leave blank any that don't apply

Social

	Often	A bit	Seldom
<i>Avoids competitive games or sports</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Doesn't seem to know how to play with others</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Remains alone, plays by self</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Difficulty awaiting turns in games</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Avoids team games</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Clumsy</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Awkward, an odd gait when running</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Gets into fights</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Doesn't seem to understand how others feel</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Indifferent to peer pressure (e.g. doesn't follow fashion)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Looks through people</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Interrupts or intrudes on others</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Has difficulty playing quietly</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Speech

<i>Strange speech pattern or speaks in a monotone</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Blurts out answers out of turn</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Speech is overly precise or pedantic</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Speech is unclear</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Talks too much</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Classroom Behaviour

<i>Can't stay seated when required</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Fails to finish things</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Difficulty undertaking a number of tasks at once</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Difficulty organising work and activities</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Holds objects very close</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Can't pay attention for long</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Is easily distracted</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Doesn't seem to listen when spoken to directly</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Forgetful in daily activities; has to be constantly reminded</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Makes careless mistakes in schoolwork</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Fidgets, squirms or seems restless; Can't sit still</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Can't take down notes at speed</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Often loses things necessary for tasks</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Has an excellent memory for events and facts</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Squints or closes one eye to look at things</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Fascinated by a particular topic</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Often bumps into things</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Tilts or turns head to look at something</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Unusual facial grimaces or tics</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Shifts from one uncompleted task to another</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Often engages in dangerous actions</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Emotional

<i>Has many or unusual fears</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Tends to rock or flap when excited or distressed</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Upset by changes in routine</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Has temper tantrums</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please give your comments on any aspects of the child's achievements, development and relationships as listed below:

	<i>Comments/observations/examples</i>
<i>Listening Skills</i>	
<i>Memory</i>	
<i>Concentration</i>	
<i>Oral Language</i>	
<i>Reading</i>	
<i>Handwriting</i>	
<i>Spelling</i>	
<i>Number</i>	
<i>Motor Development</i>	
<i>Relationship with Adults</i>	
<i>Relationship with Peers</i>	
<i>Behaviour in class</i>	
<i>Behaviour in playground</i>	
<i>Self-esteem</i>	

Please feel free to add your own observations on the pupil on a separate sheet

Name of Teacher completing this form Date

THANK YOU VERY MUCH FOR YOUR CO-OPERATION

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