



## Stapolin Educate Together National School

**School Address: Belmayne Avenue, Belmayne, Dublin**

**13, D13 KT2N**

**School Roll Number: 20519G**

**School Patron: Educate Together**

**Email: [principal@stapolinetns.ie](mailto:principal@stapolinetns.ie)**

### **School Report Form for Referral to Specific Speech & Language Disorder (SSLD) Class, Stapolin Educate Together National School.**

**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 10 of this report. The Social Emotional Behavioural Rating Scale on pages 11-12 must also be completed. This form must be returned to the child's parents/guardians or SLT prior to the closing date. The closing date for applications for school year 2022/2023 is Tuesday 8<sup>th</sup> March 2022.**

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#### **Parental Consent**

Name of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent(s)/Guardian(s) name: \_\_\_\_\_

Parent(s)/Guardian(s) phone number: \_\_\_\_\_

Parent(s)/Guardian(s) email address: \_\_\_\_\_

- I 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: \_\_\_\_\_

Parent(s)/Guardian(s)

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

**School Report Form**

Name of School: \_\_\_\_\_

Name of Principal: \_\_\_\_\_

School Address:

\_\_\_\_\_

School Roll No.: \_\_\_\_\_ School Telephone No.: \_\_\_\_\_

Name of Class Teacher: \_\_\_\_\_

Class level: \_\_\_\_\_

How long have you known this child? \_\_\_\_\_

How many children 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.)

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

**Social Skills**

(e.g. forming friendships, taking positive initiatives with other children, turn taking, resolving conflicts, expressing empathy)

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**Self-Regulation:**

(e.g. ability to regulate or manage feelings and emotions; impulsive behaviours; regulation of body, movement and behaviour)

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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 in 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?

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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 or use relevant vocabulary?)

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## *Curricular Activities*

### Math

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?      Yes      No
- 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:      Yes      No
- 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 math:

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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)

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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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**Writing**

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

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**Complete relevant sections only:** give a brief comment on areas relevant to child's level:

**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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**Commitment to homework:**

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+ \_\_\_\_\_

**School attendance:**

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## Additional Support

Special Educational Needs (SEN) Support Teaching *	Yes/No	No. of days per week	No. of minutes / hours per day	Individual or Group
SEN Support				
Literacy Support				
Numeracy Support				

*\*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

Comments; Time Allocated; Needs etc.

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## Assessment Results

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

Date of test	Name of test	Results

## Support Teacher's Report

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 that the child has?

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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**

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Please tick and sign below to confirm that all parts of this report are complete:

Parental consent p 1

Class teacher pp 2-8

Support teacher p 10

Social/Emotional/Behavioural Rating Scale pp 11-12

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

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

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

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

**Thank you for completing this form.**

*This form must be returned to the child's parents/guardians or SLT prior to the closing date.*

A copy of this form will be retained on the child's HSE SLT file.