

*Scoil Naomh Mearnóg,
Bóthar na Trá,
Portmearnóg,
Co. Átha Cliath*



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School Report Form for Referral to Specific Speech & Language Disorder (SSLD) Class, St. Marnock's NS., Portmarnock, Co. Dublin.

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 of this report. The Social Emotional Behavioural Rating Scale on pages 10-11 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 2024/2025 is Friday 23rd February 2024.

Parental Consent

Name of child: _____

Child's 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)

Self-Regulation:

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

Gross Motor Skills:

(e.g. general movement, action games, ball games etc.)

Fine Motor Skills:

(e.g. colouring, writing, scissors, peg boards, buttons, zips etc.)

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, wait 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 is his/her attention in 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 or use relevant vocabulary?)

Curricular Activities

Math

Name of book and publisher currently being used by the child:

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:

Please list any computer software that the child is familiar with:

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

Word Attack/Phonological Awareness

Strengths and needs

Reading

Name of current reading book and scheme

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

Writing

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

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

History _____

Geography _____

Science _____

Art _____

P.E. _____

S.P.H.E. _____

Commitment to homework: _____

School attendance: _____

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 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

Comments; Time Allocated; Needs etc.

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?

Please outline the progress that the child has made during the current academic year:

Please describe any interventions that have been put in place to meet the needs of this child.

What are the child's biggest strengths?

What are the greatest needs the child has?

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 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 p 9

Social/Emotional/Behavioral Rating Scale p 10-11

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.