

Scheme for the Commissioning of Psychological Assessments (SCPA)

REFERRAL FORM

Private, Confidential and Without Prejudice

Please ensure that all relevant parts of this form are completed.
The referral **MUST** be accompanied by a signed Consent Form.

Name of Pupil: _____ **Date of Birth:** _____

Class/ Year: _____ **Name of Class Teacher/ Year Head:** _____

Home Address: _____

Eircode: _____

Parent(s)/Guardian(s): _____

Parent(s)/ Guardian (s) Tel No(s): _____

If parents are not living together and/or you would like separate copies of reports to go to a named person at a different address, please enter the details here.

Name of Person: _____

Relationship to Pupil: _____

Address: _____

Phone number: _____

School: _____ **Roll: No:** _____

School Tel No: _____ **School email:** _____

It is essential that the following pages are completed in discussion with the pupil's parent(s)/ guardian(s).

A COPY OF THIS FORM SHOULD BE HELD ON THE STUDENT SUPPORT FILE

Primary Reason for Request for Involvement of the SCPA Psychologist

Learning Behaviour Emotional Social Other:

Parent/s: What are your main concerns about your child in school?

Teacher/s: What are your main concerns about this pupil?

Pupil's views about school/concerns: Adult observations on how the pupil feels about school can be recorded here and/ or **My Thoughts about School** may be attached. (This checklist can be found in the NEPS Continuum of Support publications).

Pupil's Strengths, Interests

What does this pupil enjoy/ do well in? What are his/ her personal qualities?

Expectations of Parents and Teachers:

With everyone working together, what things would you like to see improve for this pupil?

1. Family/ Background Information:

How many children in the family (including this pupil)?

What is the position (birth order) of the pupil in the family?

Languages spoken in the home:

What languages are spoken at home?

Do parent(s)/ guardian(s)/ pupil need the services of an interpreter when meeting with the psychologist?

If so, what language is required?

Medical/ Health Information

Has your child had or does he/she currently have?

Vision Problems: YES NO Hearing Problems: YES NO

Details:

Any medical condition or other diagnosis? YES NO

Details:

Were there any concerns about your child's early development? YES NO

Details:

Has this pupil ever been assessed before by a psychologist? YES NO

If so, by whom and when?

2. Involvement of other Services

*Have other services been involved in assessing or supporting the pupil or family?
e.g. Community psychology, child and adolescent mental health, early intervention, educational welfare, Tusla, speech and language therapy, social work department, occupational therapy, paediatrics, audiology . Please give details below:*

Service	Dates Attended	Name of Professionals	Copy of Report available/enclosed (please specify)

If there are reports available from any of these services/ professionals, please include copies of them with this form, with parental consent.

Additional Information

Do you want to add any comments or concerns, or significant information, which has not been covered, e.g. situations/ family information/ events (such as bereavements) which may be helpful?

3. Current Level of Support:

Classroom Support /
Support for All

School Support
for Some

School Support Plus for
a Few

How long has the pupil been receiving this type of support? _____

Name of support teacher(s): _____

What is the nature and purpose of this support (frequency/ type of intervention)?

Does the pupil have access to support from an SNA? YES / NO

Name of SNA: _____

What is the nature and purpose of SNA support?

Please attach copies of relevant information from the Student Support File. For example, recent (within the last 12-18 months) support plans/ records of consultation/ reviews/ IEPS.

Please summarise interventions that have been helpful:

4. Information from School & Teachers

Number of years that pupil has attended this school: _____

Previous schools attended: _____

Attendance: _____ out of _____ days this year. _____ out of _____ days last year.

Any comments to add about attendance? _____

Any class repeated? Please specify: _____

School- based Testing: Cognitive Ability, Attainment and/ or Diagnostic tests: *Please give details of tests administered in the past two years. (e.g. CAT-3, NRIT, DATS, Micra-T, Sigma-T, Drumcondra tests, Neale Analysis, WRAT 4, Verbal/ Non Verbal reasoning, YARC etc)*

***Please submit standard scores or percentiles, not STENS or raw scores**

Date	Test Administered	Standard Score*

Comments:

For Post-Primary Pupils Only

If this student has completed Junior Certificate, please attach results here. Please attach copies of school reports issued in the last year (e.g. Christmas/ Summer Results/ Report)

Junior Certificate Results Attached YES NO

Copies of School Reports Attached YES NO

5. Pupil's Strengths and Difficulties

Please comment with examples of the pupil's performance in the areas below

Attention, concentration and work skills	
Language Skills Speaking and listening, participation in oral work	
Comprehension Understanding, responding to adult direction	
Literacy reading, (fluency/ comprehension), writing & spelling	
Maths skills Concepts and computation	
Co-ordination Fine motor/ handwriting Gross motor/ PE skills	
Behaviour in class	
Behaviour during break times, around the school	
Friendships and social skills	
Relationships with adults	
Confidence and self-esteem	

In post-primary schools, information can be collected from a number of teachers, using the *Subject Teacher Survey* on page 8. Please copy as needed and attach.

Subject Teacher Survey (Post-Primary Only)

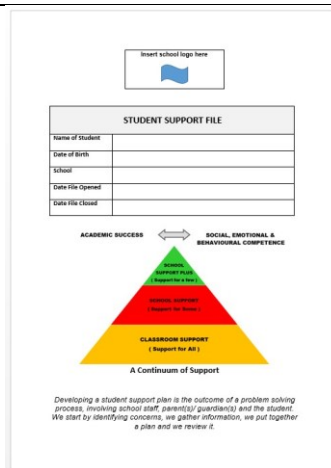
Student	Teacher	Subject
<p>This section is to record factors that may affect a child's ability to learn. The number circled allow for comparisons over time.</p>		
Area of Concern	Scoring Criteria	Comments
Attitude towards staff	Negative ----- Positive & appropriate 1 2 3 4 5 6	
Co-operation with peers	Unable to share -----Enjoys group with others play/work 1 2 3 4 5 6	
Motivation	Very little -----Self motivated 1 2 3 4 5 6	
Participation and oral response	Withdrawn ----- Keen to take part or shy 1 2 3 4 5 6	
Enthusiasm for written work	Seldom wants ----- Works hard, to work pride in work 1 2 3 4 5 6	
Presentation of work	Takes little ----- Always takes care of work pride in work 1 2 3 4 5 6 7	
Following verbal instructions	Needs further ----- Can work direction alone 1 2 3 4 5 6	
Following written instructions	Unable to work ----- Can work alone alone 1 2 3 4 5 6	
Group size required	Needs constant ----- Can function one to one in any group 1 2 3 4 5 6	
Behaviour in class	Disruptive ----- Never disrupts most lessons 1 2 3 4 5 6	
General progress	No progress ----- Skills/knowledge Increasing 1 2 3 4 5 6	
Creativity and innovation	Shows little ----- Creative and imagination innovation 1 2 3 4 5 6	
Aggressive towards Staff and peers	Assertive and fair ----- Passive 1 2 3 4 5 6	
Tantrums / Sulks appropriately	Copes with failure and withdrawn ----- Depressed 1 2 3 4 5 6	

Please return to: _____ by: _____

Principal’s Checklist for Completion

Tick

Have you (or one of the teachers in the school) discussed all the contents of the form with the pupil’s parent(s)/ guardian(s)?	
Have both parents (if both are legal guardians) signed the consent page?	
Have you, as the school principal, signed the form on this page?	
Have you included copies of the most recent Student Support Plan?	
Have you, with parental consent, included copies of previous assessments/ reports from other professionals and agencies?	
Have you made a copy of this form and placed it on the Student Support File?	



All sections of this form have been completed in discussion with the pupil’s parent(s)/ guardian(s) and they are familiar with all information held on the Student Support File.

Name of Teacher Completing the Form: _____

Signature of Teacher(s): _____ **Date:** _____

Signature of School Principal: _____ **Date:** _____

Signature of Parent(s): _____ **Date:** _____