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Referral Form for a Psychological Assessment (Post Primary)
Private, confidential, and without prejudice

Name: _____ Date of Birth: _____

Address: _____

Parent(s) or Guardian(s): _____

Telephone number(s): _____

School: _____ Year: _____

Course(LC,LCA, PLC etc.)

Address: _____

School Telephone Number. _____

Name of Principal: _____

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This section should be completed by the parent(s) or guardian(s); or may be completed by the student if he/she is over the age of 18 years

Student Profile:

Family size: _____ Boys _____ Girls _____ Position in family _____

Were there concerns about the student`s early development (e.g. walking, talking)? If there were, please give details: _____

Are there any medical condition/s that might be affecting academic progress? ___
If there are, please give details: _____

Has the student been assessed by any of the following?

Psychologist _____ Physiotherapist _____ Occupational Therapist _____

Date: _____ Date: _____ Date: _____

Outcome: _____ Outcome: _____ Outcome: _____

Speech and Language Therapist: _____ **Paediatrician:** _____
Date: _____ **Date:** _____
Outcome: _____ **Outcome:** _____

N.B. Please enclose copies of reports you have received from any of the above.

Did the student have a hearing test? _____

Outcome: _____

Did the student have a sight test? _____

Outcome: _____

What are the student`s main strengths? _____

What are the student`s main interests and hobbies? _____

What are the main challenges facing the student? _____

What measures/resources could be put in place to help him/her overcome these challenges? _____

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This section should be completed by the class teacher (s) and the learning support/resource teacher(s), where appropriate

What is the main reason for this referral ?

Learning ____ **Behaviour** _____ **Emotional** ____ **Other** _____

Please give Details: _____

What are the main concerns about this student? _____

Did the student receive learning support of resource teaching support in primary school? _____

If he/she did, please give as much detail as possible (Subjects, number of years, number of classes weekly, duration of classes, size of classes): _____

Is the student receiving, or has this student received, learning support/ resource teaching hours in post-primary school?

If he/she is/ has, please answer the following:

Learning Support

Resource teaching support

Number of years? _____

Number of years? _____

In what subject(s)? _____

In what subject(s)/area(s) _____

How often weekly? _____

Duration of classes? _____

How often weekly? _____

How many in the group? _____

Duration of classes? _____

Please include the results of Standardised (Reading and mathematics) tests done in the last 2 years.

Date	Name of test	Results- give S.S. and percentile rank

Please comment on the following, and if necessary elaborate further on page 5. This section should be completed by the learning support teacher in conjunction with a number of the student`s subject teachers.

Attention	
Memory	
Concentration	
Oral skills	
Reading- Word attack skills-phonetic skills etc.	
Reading- Comprehension	
Mathematics- Computational skills	
Mathematics- Problem solving	
Spelling	
Writing skills	
Fine motor skills	
Gross motor skills	
Social skills with teachers/other adults	
Social skills with his/her peers	
Behaviour in class	
Behaviour outside class	

Is the student receiving any Speech and Language or Occupational Therapy interventions? If so, please give details: _____

Please give details of any in-school interventions being used with the child, commenting on the efficacy of these interventions etc.: _____

Any additional information or comments from page 4: _____

Consent Form

I/ We consent to a psychological evaluation of my/our son/daughter by Edward Joyce, Psychologist.

I/We understand that the results of this evaluation will be made known to me/us, to the School Principal, and, where the Principal deems it appropriate, to the relevant members of the school staff.

Name of Student: _____

Signatures of both Parents or Legal Guardians: All persons who have legal custody of the child.

Father: _____ **Mother:** _____

Legal Guardian: _____ **Legal Guardian:** _____

Date: _____

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Signature(s) of teachers completing this form:

Principal: _____

Learning Support teacher (s) /Resource Teacher(s): _____

Date: _____

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N.B. Please enclose copies of reports received from other professionals/agencies

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