

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

\_\_\_\_\_

**Eircode:** \_\_\_\_\_

**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?**

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

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**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).

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**Pupil's Strengths, Interests**

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

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**Expectations of Parents and Teachers:**

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

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**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? :

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Do parent(s)/ guardian(s)/ pupil need the services of an interpreter when meeting with the psychologist: YES  NO

If so, what language is required? :

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**Medical/ Health Information**

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

Vision Problems: YES  NO  Hearing Problems: YES  NO

Details: \_\_\_\_\_

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Any medical condition or other diagnosis? : YES  NO

Details: \_\_\_\_\_

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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?*

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**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)?

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

Name of SNA: \_\_\_\_\_

What is the nature and purpose of SNA support?

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**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:

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**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, SigmaT, 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:**

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<p><b>For Post-Primary Pupils Only</b></p> <p>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)</p> <p>Junior Certificate Results Attached:      YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Copies of School Reports Attached:      YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
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<p><b>5. Pupil's Strengths and Difficulties</b> Please comment with examples of the pupil's performance in the areas below</p>	
<p><b>Attention, concentration and work skills</b></p>	
<p><b>Language Skills</b> Speaking and listening, participation in oral work</p>	
<p><b>Comprehension</b> Understanding, responding to adult direction</p>	

<b>Literacy</b> reading, (fluency/ comprehension), writing & spelling	
<b>Maths skills</b> Concepts and computation	
<b>Co-ordination</b> Fine motor/ handwriting Gross motor/ PE skills	
<b>Behaviour</b> in class	
<b>Behaviour</b> during break times, around the school	
<b>Friendships and social skills</b>	
<b>Relationships with adults</b>	
<b>Confidence and selfesteem</b>	

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
This section is to record factors that may affect a child's ability to learn. The number circled allow for comparisons over time.		
Area of Concern	Scoring Criteria	Comments



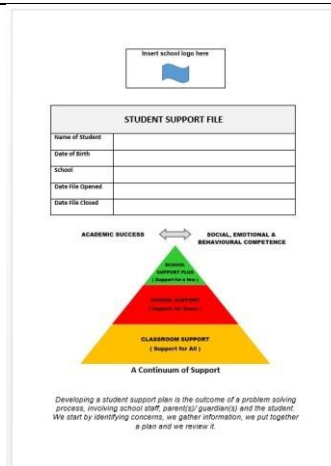
Attitude towards staff	Negative ----- Positive & appropriate 1 2 3 4 5 6	
Co-operation with peers	Unable to share -----Enjoys group with others play/work 1 2 3 4 5 6	
Motivation	Very little -----Self motivated 1 2 3 4 5 6	
Participation and oral response	Withdrawn ----- Keen to take part or shy 1 2 3 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 ----- Passive Fair 1 2 3 4 5 6	
Tantrums / Sulks appropriately	Copes with failure ----- Depressed and withdrawn 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:** \_\_\_\_\_