

# Edward Joyce

## Educational Psychologist

Chartered Psychologist, Psychological Society of Ireland (Ch. Psychol. Ps. S.I.)

Knocknacarra Medical Centre, Clybaun Rd. Lower,

Knocknacarra, Co. Galway, H91 TKF3 . email: eseighe@gmail.com

Tel: 091529285 086 3535062 www.edwardjoycepsychology.com

### 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): \_\_\_\_\_

Email Address: \_\_\_\_\_

School: \_\_\_\_\_ Year: \_\_\_\_\_

Course(LC,LCA, PLC etc.)  
\_\_\_\_\_

Address: \_\_\_\_\_

School Telephone Number. \_\_\_\_\_

School Email Address: \_\_\_\_\_

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 they are over the age of 18 years Student Profile:

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Paediatrician:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Outcome:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Speech and Language Therapist:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**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 them 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:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**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.**

<b>Attention</b>	
<b>Memory</b>	
<b>Concentration</b>	
<b>Oral skills</b>	
<b>Reading- Word attack skills-phonic skills etc.</b>	
<b>Reading- Comprehension</b>	
<b>Mathematics- Computational skills</b>	
<b>Mathematics- Problem solving</b>	
<b>Spelling</b>	
<b>Writing skills</b>	
<b>Fine motor skills</b>	
<b>Gross motor skills</b>	

<b>Social skills with teachers/other adults</b>	
<b>Social skills with peers</b>	
<b>Behaviour in class</b>	
<b>Behaviour outside class</b>	

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

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Any additional information or comments from page 4: \_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
-  
\_\_\_\_\_

**Consent Form**

**I/ We consent to a psychological evaluation of my/our child 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 Parent or Legal Guardian:**

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

**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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