

Edward Joyce

Educational Psychologist

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Referral Form for a Psychological Assessment

Private, confidential, and without prejudice

Name: _____ Date of Birth: _____

Address: _____

Parent(s) or Guardian(s): _____

Telephone number(s): _____

Email Address: _____

School: _____ Class/Year: _____

Address: _____ Roll Number _____

Name of Principal: _____ School Telephone No. _____

School Email Address: _____

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This section should be completed by the parent(s) or guardian(s)

Has your child attended preschool? _____ Name _____

Any other National School Attended _____

If so, please give details _____

Has your child repeated any class? _____

If so, please give details: _____ Have you had any concerns about your child's early development (e.g. walking, talking)?

What are your main concerns (If any) about your child having this assessment?

If you have concerns, please give details. _____

What are your child's special talents/abilities? _____

Has your child 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 any reports you may have received from the above.

Did your child have a hearing test? _____

Outcome: _____

Did your child have a sight test? _____

Outcome: _____

Does your child have difficulties with any of the following? (Please answer "Yes" or "No")

Dressing/undressing _____ Tying shoelaces _____ Closing buttons _____ Managing
cutlery _____ Hopping/jumping/skipping _____ Using playground
equipment _____ Riding a bicycle _____ Using a scissors _____ Standing on one
leg _____ Walking on walls _____ Using a scissors or pencil _____

Does your child have difficulty with any of the following? (Please answer "yes" or "no" to the questions below)

Has difficulty making friends _____ Playing with peers _____ Seems
unaware of the rules of social conduct _____ Avoids taking part in team games
_____ Gets agitated in crowded places, such as shopping centres _____ Seems
reluctant to use playground equipment _____ Misinterprets what is said to them
_____ Uses formal, adult like language _____ Gets irritated by certain clothing
textures _____

Sometimes speaks with an unusual accent _____ Becomes upset when routines or plans are changed _____ Has elaborate routines _____ If so, please give details _____ Any other information you think may be relevant _____

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

What is the main reason for this referral ?

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

Please give Details: _____

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Is the child receiving: Learning Support ? ___ **Resource teaching Support?** ___ **If so, please answer the following:**

Learning Support _____ **Resource teaching support** _____

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

How often weekly? _____

Duration of classes? _____ **How often weekly?** _____

Please include the results of Standardied 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

Attention/Listening	
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Memory	
Concentration	
Oral skills	
Reading-Sight vocabulary	
Reading- Word attack skills-phonics	
Reading- Comprehension	
Mathematics- Computational skills	
Mathematics- Problem solving	
Spelling	
Writing skills	
Fine motor skills	
Gross motor skills	
Social skills with teachers/other adults	

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 parents and Principal deem it appropriate, to the relevant members of the school staff.

Name of Student: _____

Signatures of both Parents or Legal Guardians.

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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