

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)

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

Has your child attended preschool? _____ Name _____

Any other National School Attended _____

I he/she has, please give details _____

Has your child repeated any class? _____

If he/she did, 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? _____

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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)

**Have difficulty making friends _____ Playing with children his/her own
age _____ Seem unaware of the rules of social conduct _____ Avoid taking part
in team games _____ Get agitated in crowded places, such as shopping centres**

_____ Seem reluctant to use playground equipment ____ Misinterpret what is said to him/her _____ Use formal, adult like language _____ Get irritated by certain clothing textures _____

Sometimes speak with an unusual accent _____ Become upset when routines or plans are changed _____ Have elaborate routines _____ If he/she does, 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 he/she is/has, 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	
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	
Social skills with others his/her age	
Behaviour in class	
Behaviour in playground	

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 parents and Principal deem 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 must sign this section.

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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