

Dublin South Early Intervention Team Referral Form

(Booterstown, Blackrock, Stillorgan, Monkstown, Dun Laoghaire, Dalkey, Killiney, Shankill, Foxrock, Carrickmines, Cabinteely)

Personal Information:

Name: _____ Date of birth: _____ Gender: _____

Address: _____ Eircode: _____

Contact details of preschool/school that child currently attends:

Planned year of entry to primary school: _____

Name of intended primary school: _____

Referral agent contact details:

Referral agent signature:

Please sign to indicate that you support this referral to the Dublin South Early Intervention Team.

Reason for referral:

Parent/Guardian and Family Information:

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Email address: _____ Email address: _____

If your child is adopted or fostered please provide further information (e.g. dates/ country of origin etc) _____

Brothers/sisters:

Name	Age	Details of any health services attended

Birth History:

Hospital: _____

Length of pregnancy: _____

Delivery e.g. section/ventouse: _____

Birth weight: _____

How was the pregnancy and delivery experience?

Did mother or baby need any follow up or monitoring after the delivery?

Developmental Information:

Please tick the skills that your child has achieved as relevant to each of the developmental areas which follow:

Gross Motor Skills: (please note the age/approximate age the child achieved these skills)

Rolls - tummy to back

Rolls - back to tummy

Sits without support

Bottom shuffles

Crawls

Pulls to stand

Walks independently

Runs & jumps

Does your child have any difficulty with coordination or balance (e.g. often bumps into objects or trips)? _____

Other relevant information: _____

Fine Motor Skills:

Grasps small objects

Uses two hands in play

Uses pen/pencil

Uses a scissors

Other relevant information: _____

Independence Skills: (please note the age/approximate age the child achieved these skills)

Holds bottle to drink

Holds cup to drink

Feeds self using a spoon

Feeds self using a fork

Dresses self without help

Toilet trained day

Toilet trained by night

Other relevant information: _____

Speech/Language & Communication Skills: (please note the age/approximate age the child achieved these skills)

Responds to sounds or voices

Responds to name

Uses gestures & pointing

Follows simple requests

How many words does your child typically use when speaking (e.g. single words, 2 words utterances, short sentences etc)?

Does your child have any difficulty in speaking (e.g. hoarse voice, repeating or getting stuck on words, pronunciation etc)?

Does your child use any sign language or communication aid (e.g. LAMH, PECS etc)?

What languages are spoken at home? _____

Other relevant information:

Social and emotional development:

Smiles & looks at caregiver

Easy sleeping/feeding patterns

Plays alone with adult nearby

Plays with other children

Accepts changes in routines

Follows home/preschool rules

What are your child's favourite toys and activities?

Other relevant information: _____

Cognitive development:

Do you have any concerns around your child's attention and/or concentration?

Is your child able to remain focused on tasks until completed?

Do you have any concerns in relation to your child's learning?

Other relevant information: _____
