

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: eseoighe@gmail.com

Tel: 091529285 086 3535062

www.edwardjoycepsychology.com

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: _____

College: _____ Year: _____

Course _____

College Telephone Number. _____

College Email Address _____

Name of Disability Officer/s _____

Address of Disability Officer/s _____

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Student Profile:

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

Were there concerns about the your early development (e.g. walking, talking etc.)? If there were, please give details _____

Are there any medical condition/s that may be affecting your academic progress? _____

If there are, please give details _____

Has you 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 reports you have received from any of the above.

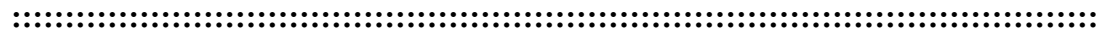
Did you have a hearing test? _____ **Outcome:** _____ **Did you have a sight test?** _____ **Outcome:** _____ **What are your main academic strengths?** _____

What are your main academic weaknesses? _____

What are your main interests and hobbies? _____

What are the main academic challenges facing you in college? _____

What measures/resources could be put in place to help you overcome these challenges? _____



Educational Profile

Did you receive learning support or resource hours in primary school? _____

If you did, please answer the following:

Learning Support

Resource teaching support

Number of years? _____

Number of years? _____

In what subject(s)? _____

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

How often weekly? _____

How often weekly? _____

Duration of classes? _____

How often weekly? _____

How many in the group? _____

Duration of classes? _____

Did you receive learning support/ resource teaching hours in post-primary school? If you did, please answer the following:

Learning Support

Resource teaching support

Number of years? _____

Number of years? _____

In what subject(s)? _____

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

How often weekly? _____

How often weekly? _____

Duration of classes? _____

How often weekly? _____

How many in the group? _____

Duration of classes? _____

Did you receive any reasonable accommodations (RACE- reader, scribe, waiver in spelling and grammar etc.) when doing the Junior or Leaving Certificate examinations? _____

If you did, please give details: _____

Are you receiving any support from the Disability Services in the college? _____

If you are please give details _____

Consent Form

I consent to a psychological appraisal by Edward Joyce, Psychologist. I understand that the results of this appraisal will be made known to me, to the Disability Officer in N.U.I. Galway, and where the Disability Officer deems it appropriate, to other relevant members of the College staff.

Note: The information contained in this application form will be used as part of the evaluation process, and will be seen only by Edward Joyce, Psychologist.

Signature of student completing this form: _____

Date _____

N.B. Please enclose copies of reports received from other professionals/agencies