

**Post Primary Transfer Review
Confidential**

Name:

Home Language:

Address:

Date of Birth:

Present School:

SECTION ONE: BACKGROUND INFORMATION

Assessment

Has student undergone assessment/s? Yes No

Date(s) of Assessment(s):

Nature of difficulties indicated?

Has the student been involved with any agency providing
Psychological/Psychiatric Services, Speech Therapy, Occupational Therapy
etc ?

Yes

No

If yes, please give details:

Exemption from Irish? (Please circle) Yes No

Access to specialist IT supports? Yes No

If yes, please give details:

Specify what (if any) equipment will transfer with this student.

Results of recently administered tests

Area tested	Name of Test	Date of testing	Standard scores/ quotient	Percentile rank
Ability				
Reading				
Spelling				
Numeracy				
Other				

Strengths/ needs and recommendations

Strengths:

Identified Needs:

Recommendations:

SECTION TWO: PROVISION IN PRIMARY SCHOOL

Type of Support
Learning Support/ Resource/SNA

Frequency/ Grouping

Key Areas of Learning/ Behaviour Addressed:

Any special programmes/ methodologies/materials used? (e.g. Specific reading programme, Social Skills groups etc)?

Any special arrangements in place? (e.g. differentiated homework/ use of technology/ positioning in the classroom)

Please attach copy of recent Support Plans/ Reviews/ IEPs/ ILPs/

SECTION THREE: PLANNING FOR TRANSFER

Curriculum Needs (able for a full subject choice/ reduced timetable/ subject strengths & difficulties)

Learning Skills (following instructions/ reading/ writing/ contributing to oral work)

Organisational Skills (ability to find way around the school/ manage locker/ keep equipment)

Social Skills (particular friendships/ ability to get on with others)

Other (any particular issues/challenges)

Names of persons involved in review:

Do parents give consent for this information to be passed to post-primary school? Please name school _____

Date: