



East Limerick Children's Services
EARLY INTERVENTION TEAM

Early Intervention Team Contact Form

Name:	School:
Teacher:	Class:
Date:	Referred by:
Please tick area of need below:	
<input type="checkbox"/> ATTENTION	
<input type="checkbox"/> REGULATION	
<input type="checkbox"/> BEHAVIOUR	
<input type="checkbox"/> LANGUAGE & SPEECH	
<input type="checkbox"/> SELF CARE ACTIVITIES	
<input type="checkbox"/> FINE MOTOR SKILLS	
<input type="checkbox"/> GROSS MOTOR SKILLS	
<input type="checkbox"/> OTHER: _____	
Please give specific examples:	
Environment (school yard, classroom, resource room, hall):	
Strategies already trialed and for how long (as in school pack):	
Have you raised these concerns with parents?	
Signed:	
Contact details (phone/ email):	