



East Limerick Children's Services  
**EARLY INTERVENTION TEAM**

## Early Intervention Team Contact Form

<b>Name:</b>	<b>School:</b>
<b>Teacher:</b>	<b>Class:</b>
<b>Date:</b>	<b>Referred by:</b>

**Have you raised these concerns with parents? ELCS require school staff to discuss their concerns with the parents before contact will be made with your school.**

**Please tick area of need below:**

- ATTENTION
- REGULATION
- BEHAVIOUR
- LANGUAGE & SPEECH
- SELF CARE ACTIVITIES
- FINE MOTOR SKILLS
- GROSS MOTOR SKILLS
- OTHER: \_\_\_\_\_

**Please give specific examples:**

**Environment (school yard, classroom, resource room, hall):**



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**Strategies already trialed and for how long (as in school pack):**

**Further information**

**Signed:**

**Contact details (phone/ email):**