



East Limerick Children's Services
EARLY INTERVENTION TEAM

Early Intervention Team Contact Form

Name:	School:
Teacher:	Class:
Date:	Referred by:

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):