



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

EDUCATIONAL WELFARE SERVICES PRE-REFERRAL CHECKLIST

For School Referrals please complete pre-referral checklist and Sections 1 and 2

Prior to submitting a referral form to the statutory educational welfare service, it is expected that the school has made attempts to resolve attendance issues. The purpose of this checklist is to note the actions taken prior to referral to the EWS. **This checklist should always accompany a referral form.**

To be completed in discussion with the Class Teacher (Primary)/ Year Head (Post Primary) or a nominated teacher/principal.

Child's Name	*	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Home Address	*			
Date of Birth	*	PPSN	*	
Ethnicity	*	Language Spoken at Home	*	
School Name	*	School Roll No.	*	
School Telephone No.	*			
Class/Year e.g. 1st class or 1 st year	*			
Number of school days absent this school year out of a possible number of school days open	_____ days absent out of _____ school days to date			
Number of unexplained absences year to date	*			
What is the presenting issue for this child	*			
Checklist actions to address poor attendance	Date of Action Taken	By whom		
In-school discussion with pupil (where appropriate)				
Contact between school and parent/guardian to express concern e.g. phone call, letter, discuss at parents evening				
Specific meeting in school with parent/guardian to identify problems and agree interventions				

Concerns and agreements communicated in writing to parent/guardian		
Implementation of any appropriate in-school measures (e.g. change of class, 'contact person' in school, support in class etc.)		
Use of appropriate interventions with pupil (e.g. attendance charts/ attendance report, incentives, rewards etc.)		
Other school interventions (e.g. care team, Pastoral care team, student support team etc.)		
Previous EWS involvement in this case		

Does the school have....	
.....Home School Community Liaison Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes please attach any additional supports given other than outlined above (on a separate sheet if necessary)
.....School Completion Programme Yes <input type="checkbox"/> No <input type="checkbox"/>	

Signature of Principal: _____

Name of Principal (Capitals) _____

Date: _____



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EDUCATIONAL WELFARE SERVICES REFERRAL FORM

Section 1

Child and Family Details

(Schools should have already filled out child's other details in the pre-referral checklist)

Child's Name	*
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Family details

Mother's Name	*	Tel No.	*
Address if different from the child's	*		
Father's Name	*	Tel No.	*
Address if different from the child's	*		
Details of Guardian/Carer if child is not residing with parent/s	*		
Relationship to the child	*	Tel No.	*
Are other siblings known to EWS	*		



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EDUCATIONAL WELFARE SERVICES REFERRAL FORM

Section 2

SCHOOL DETAILS

Child's Name	*		
School Name	*	Roll No.	*
School Address	*	Tel No.	*
School Email	*		

No. of school days absent this school year to date	*		
Total no. of school days absent last school year	*		
Date parents/guardian were informed of referral to EWS?	*		
If Post Primary – Year group of pupil	*	If Primary – Class group of pupil	*
Date pupil entered the school	*		
Summary or reason for referral to EWS	*		

Previous school/s	*	
Does this child have special educational needs?	*	
Has the child been assessed (or is assessment pending) by the National Educational Psychological Service?	*	
What resources (if any) have been allocated to meet the child's needs?	*	
Does the child have any health issues?	*	
Does the school have knowledge of other agencies involved with the child or family? If so which?	*	
Has the school referred the child or family to another agency? If so what agency?	*	

Has the school made a referral to the Social Work Department of the Child and Family Agency in respect of child protection or welfare concerns?	*
Is there any additional information that you feel is relevant for this referral?	*

Note:

A referral received by the statutory educational welfare service does not replace the responsibility of the referring school continually to support the child as required and to work in collaboration with the service in that regard.

Signature of Principal: _____

Name of Principal (Capitals) _____

Date: _____

Referral forms, once completed and signed (and copied for school records), must be forwarded to EWS by post (**clearly marked 'EWS REFERRALS'**), to the appropriate EWS office. Details below: Referrals should not be sent directly to your EWO.

Southern Area: Cork, Kerry, Limerick, Clare, Tipperary, Waterford, Wexford, Carlow, Kilkenny, East Wicklow.

Post: Referrals Region 1, Educational Welfare Service, Tusla, Block C, Heritage Business Park, Bessboro Road, Blackrock, Cork

South Dublin, Kildare, West Wicklow

Post: Referrals Region 2, Educational Welfare Service, Tusla, Floor 2, Brunel Building, Heuston South Quarter, Dublin 8

North Dublin, Louth, Meath, Cavan, Monaghan

Post: Referrals Region 3, Educational Welfare Service, Tusla, Ground Floor, Brunel Building, Heuston South Quarter, Dublin 8

West/North-West: Galway, Mayo, Sligo, Donegal, Leitrim, Roscommon, Longford, Offaly, Laois, Westmeath.

Post: Referrals Region 4, Educational Welfare Service, Tusla, Unit 19, Sandyfort Business Centre, Grealishtown, Bohermore, Galway

NOTE: For reasons of data protection, you are requested NOT to send Referral Forms by email under any circumstances.

For EWS Office use only

Referral Reference No:			
Allocated for Assessment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Case to open?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Reason for decision			
Signature of EWO		Date	
Signature of SEWO		Date	
Date Stamp	Date Stamp	Date Stamp	