



SCOIL MHUIRE

TRIM
CO. MEATH

Reference Form for students transferring to

Scoil Mhuire, Trim, Co. Meath - Ireland

Name of Pupil: _____

Address: _____

Current School: _____ Year/Class _____

Reason for leaving current school _____

| | Excellent | Very Good | Good | Poor |
|--|-----------|-----------|------|------|
| Compliance with school regulations | | | | |
| General behaviour | | | | |
| Attendance | | | | |
| Punctuality | | | | |
| Application to studies | | | | |
| Performance relative to ability | | | | |
| Reliability/sense of responsibility | | | | |
| Relationship with staff | | | | |
| Relationship with peer group | | | | |
| Trustworthiness | | | | |
| Participation in extra-curricular activities | | | | |

Please give details if you have ticked yes to any of the above:

| |
|--|
| |
| |
| |
| |
| |

| | Yes | No |
|--|-----|----|
| Has the student ever been referred to an outside agency e.g. H.S.E./Educational Welfare Board etc. | | |

| | Yes | No |
|--|-----|----|
| Are you prepared to answer any additional queries? | | |

Signed: _____

Position: _____

Dated: _____

School Stamp: _____

Has this student ever been disciplined by the school e.g.

| | Yes | No |
|--|-----|----|
| Suspended from class | | |
| Suspended from school | | |
| Other please specify | | |
| If the answer was yes to any of these questions please give details. | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

Educational Needs: to the best of your knowledge, has this student ever (i) been diagnosed as having any of the following or (ii) been recommended by their national school or your school for assessment for any of the following:

| | Yes | No |
|-----------------------------------|-----|----|
| Physical Disability | | |
| Hearing Impairment | | |
| Visual (sight) Impairment | | |
| General Learning Disability | | |
| Specific Learning Disability | | |
| Speech or Language Disorder | | |
| Emotional or Behavioural Disorder | | |
| Autistic Disorder | | |
| Any other disability | | |