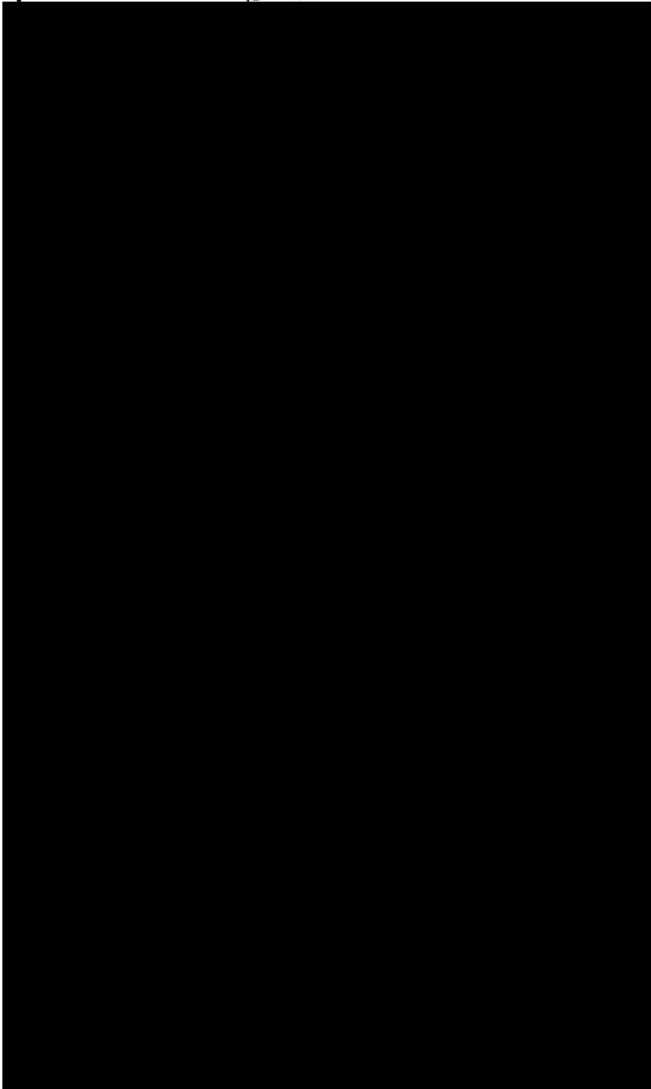


Mc.



M. Cont'd



McKirdy, Sheila 689



311

689

sent by Strathclyde S.W. Dept

10.6.85

SHEILA

per: [REDACTED] S.W. Dept, Craigielea House

McKIRDY

Blackstoun Road, Paisley

D.O.B. 2.7.71.

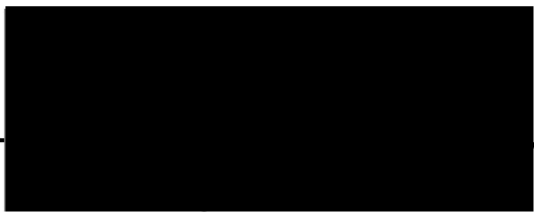
Home address: 164 Candren Road
Paisley

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Mc KIRDY, SHEILA

689

Day Girl - SV: 1 gB

HOME ADDRESS: 164 CANDREN ROAD, PAISLEY

NAME: SHEILA M'KIRDY

DATE OF BIRTH: 2.4.71

ADMITTED: 10.6.85

RELEASED: 29.5.87.

Social Worker:

Social Work Department,
Craigielea House,
Blackstoun Road,
Paisley,

Tel No.

Sheila McKirdy
29.4.85

Child Guidance phoned re day placement for the above 13½ yr old from Ferguslie Park, Paisley. SW involved is Inform visit arranged for Wednesday 15th May at 2.30p.m.

Sheila McKirdy
23.5.85

Sheila mum and psychologist attended pre-adm inter. conducted by and Sheila was offered a place, as a day girl, starting Monday 10th June. She will be attached to St. Margaret's House. A letter sent to Education Officer, confirming offer of place and requesting that transport arrangements be made.

Sheila McCurdie
6.9.85.

Out of class after she & had been at it hammer & tongs. Took her to the house and had a good talk with her.

Sheila McKirdy
4.11.85

Sheila was saying at breakfast time that she was not allowed out this w/e because she had stayed out all night last w/e with and I feel that Sheila is under a tremendous amount of pressure from these girls

Sheila McKirdy
11.11.85

Panel attended by Sheila turned up with her stepfather despite running away from school earlier in the day. Home Supervision was terminated but Sheila remains here as a day pupil on a voluntary basis through education. No further SW involvement

Sheila McKirdy
14.11.85

Accidentally marked door in class, when asked to clean it Sheila Went for a wander with and another girl

Sheila McKirdy
19.11.85

Contacted SW to relay our concern about Sheila's behaviour. He is visiting tomorrow morning at 9.30am

Sheila McKirdy
20.11.85

SW visited, he shares our concern about Sheila's recent behaviour. He is going to discuss the situation with his senior and arrange a meeting with the family and get back to us

Sheila McKirdy
10.1.86

Not in, other girls in the taxi said she had a cold

Sheila McKirdy
20.1.86

Not in, called SW who no longer handles case, a
yet no one allocated.

Sheila McKirdy
11.3.86

Telephoned [redacted] re Sheila, this is Sheila's
brothers SW. He is going to call at the house today to
check why Sheila is not at school and phone back
tomorrow morning.

Sheila McKirdy
14.3.86

SW called to ask if she was in, though she was,
mentioned clothing, he said he would check it out.

Sheila McKirdy
18.3.86

[redacted] mixing things for Sheila saying
that she was smelling. Sheila very hurt.
[redacted] has OK'd a clothing allowance for
Sheila.

Sheila McKirdy
10.4.86

SW phoned saying he had Sheila in office saying
taxi did not turn up.

Sheila McKirdy
23.4.86

At dentist, to go next week for further treatment
has to be accompanied by a member of staff.

Sheila McKirdy
30.4.86

At dentist, he had a bit of bother extracting
tooth. Sheila was terrified but coped very well.
Another appt made for 15th May.

2.6.86

Sheila arrived looking dirty and agitated. I spoke to
Sheila who claims to have been out all night. She said
she went out the window at 2am to meet a friend then
went to a woman's house. Sheila said she went home this
morning and had a row with her mother's boyfriend over
this incident. We contacted SWD Duty Officer, said she
would check things out with home and get back to us.
Said her mum gave her permission to stay overnight. We
offered to take Sheila home but she said her mum was
staying at her sisters.

4.6.86

A [redacted] from Craigielea SWD phoned to ask if
Sheila was here as she didn't turn up at her meeting la
last night. [redacted] glad that Sheila had stayed
in here, doesn't feel mum is too concerned, but will
visit Sheila's mum to say she will stay here again
tonight and be home on Thursday night sometime.

5.8.86

[redacted] SW [redacted] phoned to ask for info
about how Sheila was here. Sheila handed herself into
care at the w/e and is in Carsewood C.H. in Howwood. The
problem seems to be with her mum's co-habitee, drinking
and being abusive and Sheila afraid of him. Meeting
arranged at Carsewood on Tues. 12th August at 11.30a.m.
and if at all possible SW would like someone from here
to attend.

12.8.86

Outcome of meeting. Sheila to remain at Carsewood
meantime. Senior SW [redacted] chaired meeting. Has
arranged another meeting for Tuesday 7th October at
11.30a.m. SWD will arrange for taxi to pick Sheila up
for school.

27.8.86

Complaining about being all aches and pains but had
been out jogging at 6am and doing press ups and was
dead beat. Fell out with [redacted] and walked out of
class. Had a good session with Sheila and she admitted
apprehension at going to her sister's in case mum was
there as she had had a row with mum at the w/e. Talked
it out and Sheila seemed more settled.

- 1.9.86 I phoned Carswood to check if Sheila had a good w/e. They said it was very good. She had gone down to her sisters and enjoyed this. [REDACTED] was not available so I spoke to [REDACTED] Deputy, he said Sheila was settling in great and while at the home behaved very well [REDACTED]
- 5.9.86 Sheila took herself out of class this morning. She said she would not go with Group 6, this was because [REDACTED] was off sick. After [REDACTED] explained she would have to do detention if she did not go to class she eventually came round. SW arrived at 12.30 to take Sheila out. I had a word with her about Sheila's strange behaviour in class. She will have a long chat with her and phone and let us know [REDACTED]
- 8.9.86 I phoned Carswood to see how Sheila got on at w/e. Sen staff said she had been very good with the younger children in the home but when asked if she would like to go home she refused so they did not push it. [REDACTED] is now on holiday for 2 weeks [REDACTED] Did not appear for 1pm meeting, turned up at front door around 3.30p.m. I spoke to Sheila and she said she couldn't face the meeting because of the carry on she had in school on Friday. Sheila is also feeling unhappy about not seeing mum [REDACTED]
- 9.9.86 [REDACTED] phoned to let Sheila know that she would collect her from her mothers and take her back to Carswood [REDACTED]
- 11.9.86 Sheila was late arriving for school. She said she had gone for her medical. Very upset at lunchtime. [REDACTED] brought her along to the house quite concerned. I took Sheila into the parlour and had a good chat. She said she has had her period for over a week and she feels very tired. Also after this she started crying and said she has been up to see her mother twice this week and her mother has not been at home. Her sister said she has not been home since she went to the pub on Monday. Having a sleep in the parlour at the moment. I phoned [REDACTED] but she was not in. I left a message for her to phone me back [REDACTED]
- 18.9.86 Complaining of pain on her left side seen by nurse. [REDACTED] took Sheila out of choir. Felt better by lunchtime. [REDACTED]
- 23.9.86 Very out of sorts in school. Sheila finding difficulty in talking about what is on her mind. Saying she is anxious about [REDACTED] coming up as Sheila wants to stay at Carswood instead of going home to mum [REDACTED]
- 25.9.86 Involved in setting off fire alarm. This has been passed onto Carswood. Also told staff there of Sheila's behaviour, they were quite surprised as she seems to be doing well there [REDACTED]
- 30.9.86 Message sent from Carswood via [REDACTED] to say that Sheila was at doctors. I called Carswood to check this out. Sheila has gone to the doctors, seemingly she has taken her periods again. If she has to remain off school Carswood said they would call us. Carswood called back Sheila has to go to her own GP tomorrow morning. Seemingly they took her to hospital this morning who referred her to her own GP [REDACTED]
- 1.10.86 I phoned Carswood to find out how Sheila was. She has been given tablets to regulate her periods. She goes back to the doctor in 2 weeks and there is a possibility they will give her a D & C. They will phone us tomorrow to let us know how she is and when she will be back at school [REDACTED]
- 2.10.86 Came in with 63 Controvlar tablets, said doctor gave her them. I called Carswood to ask why Sheila had pills with her, they were not too sure why she had them. I also queried the fact that it said 63 tablets on the container and yet there was only 20 in container. Staff not sure, said they would check this out [REDACTED]

- 3.10.86 Carswood phoned to say Sheila had not been well and would not be in today [REDACTED]
- 6.10.86 Carswood did not know there was a meeting there tomorrow, I checked and this was arranged at the last review [REDACTED] I phoned Carswood and spoke to [REDACTED] She said Sheila had been given money to go with her brother's friend [REDACTED] to visit [REDACTED] at Newfield. They were picked up by Sheila's staff at Newfield as arranged and they could smell glue from Sheila's mouth. She said she had not been bussing but had been kissing a boy who had. They did not believe Sheila and told her so. They still have problems with Sheila's periods, they have returned. I said I would let our nurse know just in case there are any problems [REDACTED]
- 7.10.86 SSW forgot about review, phoned Carswood, is anxious to have a review in the near future, he will arrange this with staff at Carswood and get back to us. WE had a chat with the O.I.C. Sheila joined us, says she doesn't like school here but couldn't say what she would like to replace it. It was very obvious that Sheila just does not want to go to school and looking around one can see the reason why. I counted another four teenagers about Sheila's age who were not at school. I think we are in for a long weary struggle with Sheila [REDACTED]
- 9.10.86 Acting out at choir, had put herself into such a position that she could not back down. I called Carswood and asked them to come for Sheila. I explained to them that Sheila's behaviour was deteriorating so quickly that we would have to arrange a review, meanwhile, for her own good, she would have to be removed from here. Depute at Carswood arrived for her, he was livid. Seemingly word had got back to him that Sheila was saying in the minibus this morning that she was coming in here today to create havoc. Sheila ashen faced by this time. I called SW to try to arrange a review, she is out till 2pm [REDACTED]
- 13.10.86 SW phoned, if meeting on Tuesday could be arranged for the morning or late afternoon SSW could come and there would be a proper review. Said I would look into this. Phoned [REDACTED] about Sheila. She would like to come to the meeting about Sheila - suggested 11.30a.m. [REDACTED]
- 16.10.86 Phoned [REDACTED] re Sheila's review. It is to be on Tues. 21st Oct at 11.30am. I said we wouldn't have time to prepare reports but she said that didn't matter. I arranged for Sheila to remain at Carswood until the review but it is possible [REDACTED] might want to see her beforehand. Phoned [REDACTED] on holiday. Left a message about time of review and asking her to let us know if she wishes to see Sheila before it [REDACTED]
- 17.10.86 [REDACTED] phoned. Plans for Tues back to what they were - a big meeting is to take place in Carswood at 11.30a.m. on Tues and a "smaller" meeting here at 2.30p.m. [REDACTED] said she would contact [REDACTED] herself [REDACTED]
- 20.10.86 Call from Carswood to ask about tomorrow's meeting here. I confirmed that it was at 2.30p.m. They asked would they send Sheila to school today. I asked them not to, to wait till after tomorrow's meeting [REDACTED]
- 21.10.86 Meeting went well. Sheila very quiet, staff from Carswood doing much of the talking mainly about a problem Sheila has had since coming into care. Put on the line to Sheila what is expected of her. Sheila coming to school tomorrow.
- 26.10.86 Constable [REDACTED] of female child unit phoned. She said that herself and PC [REDACTED] of Mill St. phone [REDACTED] would like to come at 2.30p.m. on Mon. afternoon and interview Sheila with regard to serious allegation she has made against a friend of her mother's. They will contact SW before they come [REDACTED]

SHEILA Mckirdy

- 27.10.86 Phoned Sw and put her in the picture re w/e events but explained that as far as Sheila knew we didn't know about the allegations so unless she was willing for us to know it could be difficult having the interview here. SW will contact police etc and get back to us. I spoke to Sheila who shared her bad experience with me. Sheila's mum's boyfriend has been accused of sexually abusing Sheila.
- 29.10.86 Phoned Carswood CH. Nurse thinks Sheila may have urinary infection and has missed a period. They said Sheila had a period 2 weeks ago as they got an emergency prescription to stop the bleeding as it was quite heavy.
- 30.10.86 A bit late this morning. Sheila complaining of pains in tummy this morning. Rallied round in the afternoon.
- 4.11.86 Called Carswood re tomorrow's meeting, they were not too sure about it but eventually could tell me that it was at Craigielea House at 11am.
- 10.11.86 Carswood phoned, Sheila has abdominal pains, she won't be in today.
- 2.12.86 Phone call from Carswood, Sheila off sick today.
- 9.12.86 says Sheila was sleeping in her class, she did not feel she was very well.
- 11.12.86 Sheila was seen being dropped at top of drive by minibus with. They dived into bus shelter, were later seen by heading toward Bishopton.
- 16.12.86 I phoned Carswood re Sheila's non attendance. Staff there said Sheila has been staying at her sister's and was making it clear she didn't want to stay in Carswood, seemingly Sheila has been telling tales about children and staff. A meeting was on this morning at Craigielea House.
- 7.1.87 Called SW to let her know that Sheila did not turn up for school. SW said that she had arranged a taxi for her but that she would check things out and get back to us.
- 8.1.87 I received a phone call from taxi driver saying someone shouted out the window saying they were not sending Sheila to school till SW gets clothes for Sheila. Driver will go for Sheila tomorrow. I phoned SW and put her in the picture.
- 9.1.87 In for school today, staying with her sister. Sheila said she would have been in yesterday but her sister wasn't well so she took children to nursery and when she got back the taxi was away.
- 19.1.87 Taxi driver phoned to say when he went to collect Sheila she waved to him from window but would not come out.
- 20.1.87 I phoned to see if she had been to see Sheila. She had gone to the house yesterday but did not get any reply. She will phone us back when she gets any info.
- 28.1.87 Not in school today, taxi driver phoned to say her sister had told him she hadn't come home last night. I phoned SWD and left message for SSW as SW is on holiday today.
- 5.2.87 In for school, looking quite pale, saying she had a headache.
- 24.2.87 Put on a course of antibiotics (Amoxycillin) for abscess. One given at 1pm.

- 17.3.87 [REDACTED] phoned to let us know that Sheila is now in Gryffe CH and will be in for school tomorrow [REDACTED]
- 18.3.87 Stirring things a bit, very cheeky when asked to put school skirt on. Sheila blaming [REDACTED] for her being in Gryffe. Sheila saying she hates it there. Phoned to see how Sheila was, staff there said she was fine and quite settled
- 23.3.87 Not in today [REDACTED]
- 24.3.87 Not in today [REDACTED]
- 31.3.87 In for school in a much better frame of mind, seems a bit more settled [REDACTED]
- 8.4.87 SW called asking how Sheila was coping at school. I said that the past 2 weeks seemed OK. SW said she would contact us after hols: re review for Sheila.
- 23.4.87 Involved with [REDACTED] last night drinking and glue sniffing at Gryffe. I phoned Gryffe who said Sheila had been drinking last night but she wasn't a problem [REDACTED]
- 27.4.87 Gryffe CH phoned to say Sheila came in last night under the influence of something? Up this am in a bad mood, arrived at Centre complaining of being tired, up for a sleep in parlour for an hour till school time [REDACTED]
- 14.5.87 Told taxi she had a panel today [REDACTED]
- 15.5.87 Beth spoke to taxi driver and told him if Sheila tells him she has any meetings or panels to check with Centre [REDACTED]
- 25.5.87 Sheila spent o/n with mum. Mum's boyfriend phoned Sat saying Sheila left Fri eve saying she was on a day pass. She didn't arrive back at Gryffe who reported her missing. She arrived back at 10.30p.m. Sun night saying she spent time with her pal [REDACTED] and another girl hanging around 'Fergie'. She was interviewed by police this am but wouldn't say any more other than that her mum's boyfriend was drunk and that's why she left [REDACTED]
- 27.5.87 Gryffe phoned to ask if Sheila was leaving Thursday and what time, also if we knew what the meeting at Love Street on Monday is about [REDACTED]

Miss Sheila McKirdy,
264 Candren Road,
Paisley,
Renfrewshire

28th April 1988

Dear Sheila,

Well, I was most surprised, and very pleased to hear from you! I was wondering if you were going to ask me for another wooden spoon!

I was sorry to hear about your pregnancy. So many of our girls become pregnant within a year of leaving here that I often wonder what they have learned here! Anyway, I hope you will be a good mother!

The girls are sitting their Standard Grades this week. They got on very well at Their English and have their Maths tomorrow. It will not be long now until the leavers go on May 27th. Our new Bishop, [REDACTED] is coming for the occasion. Then we will be getting ready for prize day on July 1st. [REDACTED] is coming on that day.

[REDACTED] who got ill over a year ago you'll remember, is not returning to the Centre. This year [REDACTED] a friend of [REDACTED] has been supplying but I'll be looking for a new teacher for after the Summer holidays.

Tonight I'm going to Ireland for 10 days. My nephew is getting married on Sunday so I'm having my holiday at the same time. I'm rushing to get all my business finished so I'll say good-bye for now.

Yours with lots of love,

[REDACTED]
PRINCIPAL

Sheila McKirdy
164 Candren Rd.
Paisley.

Dear [REDACTED], Sheila
here just for a wee while.
Well sister as I haven't been
up to see how you are
getting on, well I thought I
would drop a letter in to
just remind you that I
still think about you's. Well
sister thanks for the Chris X
card it was lovely it was
unexpted, I am sorry to
have not sent one back
as you see I have lots on
my mind as you can see
sister I have falling into
the biggest trap off my
life well sister I have

①

got my self pregnat and
I am deww in October my
mum was going spare. I
met this boy ages ago
and look what it has
got me into by sister
I just can blame him it
take's to too tangle. I
know I should have wrote
this but I remember you
taught us to get thinks
off our chest so you are
the only one I could
think of. Well sister
this is getting thinks of
my chest. oh sister I
nearly for got to menson
to you I was watching
you on late call ages
ago and I loved your
speah I though it was

②

good. well sister please
tell all the ST MAGS
staff I was asking for
them and I will drop
them a letter. Sister
I have to close in now
because I am very tired
so I want a little letter
see you

GOD

BLESS

You

Shila



Good Shepherd Centre

Bishopton
Renfrewshire. PA7 5Pl
Telephone: [REDACTED]

Miss Sheila McKirdy,
164 Candren Road,
Paisley
Renfrewshire.

7th June 1988

My dear Sheila,

I am so sorry that I didn't reply to your letter sooner but I have been so busy. I hope that by now you have got over your depression. Why don't you come up and see St. Margaret's staff? I'm sure that would help.

I was reminded at the full school meeting yesterday that I hadn't written to you. We were talking about prize-giving, sports day, etc and I was thinking about the wooden spoon! I hope you still have it.

We had our leavers' day ten days ago. The new [REDACTED] of Paisley came and celebrated Mass with us in the new Convent Chapel. It was lovely. [REDACTED] did the reading and sang "Like a Shepherd". Afterwards we had a buffet in the gym hall. Then the girls got their presents and [REDACTED] and [REDACTED] did a sketch about the girls who were leaving. Now we are preparing for Sports Day on June 28th and Prize Giving on July 1st.

I had a lovely holiday in Ireland. As I told you I went over for my nephew's wedding. It's only four weeks since I came back but it seems like four years!

We are having a great many new girls at the moment. When you come back you will see many new faces. St. Margaret's and St. Clare's girls recently went to Blackpool for a day. Goretti went to Millport and St. Ian's went camping.

By the time this reaches you I hope you will be over your depression.

With lots of love,

[REDACTED]

164 Candren Rd

Paisley

Dear [REDACTED],
here on the pen just to
ask how your trip to Ireland
went I hope your traveling
went okay and you arrived
safely. Well sister what
I really am writing
about is that I am really
depressed and feel like
doing my self inn. Well
me and my boyfriend arent
very close to each other
as much we are not
speaking at the moment
Sister you would have to
listen to a long story
before you understood my

my depression and sadness.
Well sister I hope
every girl in ST MAGS
are as good as they used
to be when I was there
Joke, Well sister I will
have to go now.

I need some one to
speak to or here from
so may be we will
meet one day write
back, I really miss
School.

WRITE BACK

I WAS ASKING FOR EVERY
BODY

Love Sheila



Good Shepherd Centre

Bishopton
Renfrewshire. PA7 5PF
Telephone: 

CASE CONFERENCE REPORTS

NAME: Sheila McKirdy

HOUSE: St. Margaret's

FORM TEACHER:

D.O.B.: 2.7.71

CLASS GROUP: 5

KEY WORKER:

D.O.A. 10.6.85

ENGLISH MODES:

Sheila is very remedial over the 4 modes of English. I have to say she tries very hard and works to her potential in the English class. I am aware that Sheila can be very difficult but she seems to like English therefore gives little trouble.

MATHS UNITS:

Sheila can manage over the four basic modes in maths. However she does require assistance and reassurance as she lacks confidence in her own ability. Her work is legible and neatly presented. Usually Sheila tries hard and works to her capabilities. Recently though she has shown extreme swings of mood - being defiant and boisterous then returning to her more usual hard working and pleasant self. Sheila is being presented for the Standard Grade Examination in Maths and hopefully will continue to work towards this goal. Unfortunately though, the signs are ominous that her standards of behaviour and attitude to staff and work are deteriorating quickly.

DRAMA:

Sheila can be a very useful member of the class, however she believes herself to be a poor reader and tends to give up in the huff. Pity really because she compares well with the others.

ART:

Sheila very seldom looks favourably on anything she does. She can be impatient, petulant, demanding. She can also be pleasant and amenable, but all too infrequently.

SOCIAL STUDIES:

Sheila can be an asset in class. She can work away quietly at her own pace and take a sensible part in discussion. However sometimes in class she appears to be in a bad mood for no apparent reason. At these times she does not want to take part at all. At times in class I have Sheila by herself and she can be a great pleasure to work with, but her blacker moods do give cause for concern.

HAIRDRESSING:

Sheila is a pleasant girl in class, tries hard, works away quite happily. Lately Sheila has seemed a bit off colour, does not seem herself although she works at her hairdressing.

HOME ECONOMICS:

Sheila last year tried hard, and was a pleasure to teach. However for some reason she has little interest, or incentive. I miss the old Sheila very much.

ACADEMIC POTENTIAL:

There has been a marked deterioration in Sheila's behaviour and general attitude to staff and peers. Before the summer break she was pleasant and hard working. Now she appears in taking great pleasure in being disruptive and nasty. This is a great pity as prior to this Sheila was considered to be an asset and a reliable worker. She allows herself to be led into trouble. Sheila's old self shows through occasionally and on this basis she is being encouraged to try for 2 Standard Grade Exams - English and Maths. However she will need to show more commitment and a greater effort. Hopefully she will return to her former self soon.

Case Conference Report for Sheila McKirdy
Date of Birth - 2 7.71
Date of Admission to Good Shepherd Centre 10.6.85

Home Situation

Sheila until recently stayed with her Mother and her Mothers Boyfriend at the Family home in Ferguslie in Paisley. After problems within the Family Sheila left home and is now staying at Carswood Childrens Home.

Attitude to Adults

Sheila is a very pleasant girl and also very obliging and until recently has taken part in any activities, but, for reasons not known to us now takes herself into a corner and prefers to sleep. This we feel is a matter for some concern.

Attitude to Peers

Sheila is a well liked girl by her Peers but has not attached herself to one particular person. Sheila at present is not joining in with her peers within the House Group whereas previously Sheila mixed very well with the girls. Sheila puts this down to worrying about the Case Conference.

Personal Ways

Sheila is a very supportive girl, but, over the last few weeks has been very lathargic in both her physical and personal attitude.

Health

Sheila has not been very well over the last few weeks and is in fact being treated by a Doctor from the Russel Institute This was arranged by Carswood and her own Doctor The nurse at the Centre has also seen Sheila on a few occasions.

Possible Options for the Future

Sheila has stated quite emphatically that she does not wishto return to her own home, but, wishes to stay at Carswood.

Long Term

Sheila has since coming to the Centre improved immensely but over the last few weeks her attitude and behaviour in School and in the House Group has deteriorated considerably. This on the part of the Staff and the Teachers is cause for concern.

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Sheila is a very supportive girl, but, over the last few weeks has been very lathargic in both her physical and personal attitude.

Health

Sheila has not been very well over the last few weeks and is in fact being treated by a Doctor from the Russel Institute This was arranged by Carswood and her own Doctor The nurse at the Centre has also seen Sheila on a few occasions.

Possible Options for the Future

Sheila has stated quite emphatically that she does not wish to return to her own home, but, wishes to stay at Carswood.

Long Term

Sheila has since coming to the Centre improved immensely but over the last few weeks her attitude and behaviour in School and in the House Group has deteriorated considerably. This on the part of the Staff and the Teachers is cause for concern.

Residential Worker's Review Form Initial Review/Subsequent Review

FORM

C

Name of Home: CARSEWOOD HOUSE

Name of Child: SHEILA MCKIRDY

Date of Birth:

Date of Review Meeting: 7/10/86

Summary of decisions from last review (if applicable):

1. Physical development since admission/last review (include details of recent accidents or illness):

Sheila was recently ~~diag~~ diagnosed as having a gynaecological problem for which she has been prescribed a course of capsules. This has caused her to tire easily although sometimes this is difficult to see as she is quite a bouncy, energetic girl.

2. Emotional Development:

She is a very affectionate girl who likes physical contact. She gets on very well with most people. She enjoys Carsewood and is happy here.

3. Behavioural Problems:

Sheila has presented very few problems to us in Carsewood. Her language can be quite foul, but she does not seem to be conscious of it, and certainly does not mean ~~it~~ it to be taken as malicious. There has, however, been a certain amount of improvement in this area. However, she was recently discovered to have been glue-sniffing. This hopefully was a one off situation and will not occur again.

Form C continued (2 of 3)

4. Contact with parents and other relatives:

Sheila has visited her mother fairly regularly, but does not seem particularly keen on her visits. It would seem that she is worried, and perhaps afraid, of her mother's co-habitee.

5. Contact with siblings:

She has visited her sister rather than her mother, and has had contact with her brothers.

6. Contact with other agencies and comments or reports:

7. School attended: Good Shepherd Centre.

School report attached/not available

Educational observations: Sheila's attitude to school seems to have deteriorated since the summer. Certainly her school reports are worrying

8. Leisure pursuits:

- (a) Within home: Sheila involves herself in most of the activities offered by Carsewood.
- (b) Outwith home:

Form C continued (3 of 3)

9. Relationships:

- (a) Within home: *A very popular girl. Gets on well with everybody, staff and children.*
- (b) Outwith home: *Has a lot of friends who she mixes with while out on visits*

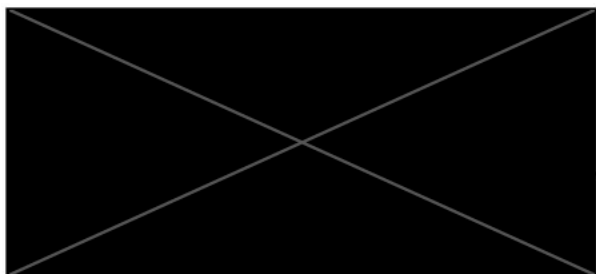
10. Any special areas of concern requiring action:

11. Short, medium and long term objectives for child:

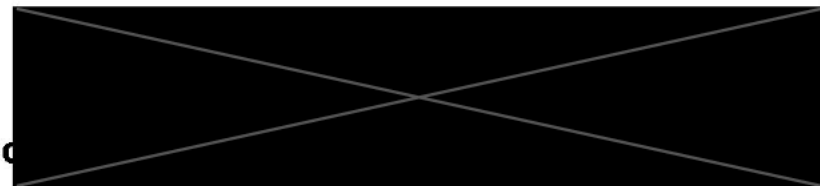
12. Remarks:

Sheila is a very friendly girl who is settled and happy in Carsewood. It would seem, however, that she needs help in rebuilding broken relationships outside, and, in particular needs encouragement to increase contact with her mother.

Persons who will attend review from children's home:



*D.O.I.C.
Houseparent*



Signed.....

Designation: *Houseparent*

Date: *7/10/86*



Good Shepherd Centre

Bishopton
Renfrewshire. PA7 5PF
Telephone: 

CASE CONFERENCE REPORTS

NAME: Sheila McKirdy

HOUSE: St. Margaret's

FORM TEACHER:

D.O.B.: 2.7.71

CLASS GROUP: 5

KEY WORKER:

D.O.A. 10.6.85

ENGLISH MODES:

Sheila is very remedial over the 4 modes of English. I have to say she tries very hard and works to her potential in the English class. I am aware that Sheila can be very difficult but she seems to like English therefore gives little trouble.

MATHS UNITS:

Sheila can manage over the four basic modes in maths. However she does require assistance and reassurance as she lacks confidence in her own ability. Her work is legible and neatly presented. Usually Sheila tries hard and works to her capabilities. Recently though she has shown extreme swings of mood - being defiant and boisterous then returning to her more usual hard working and pleasant self. Sheila is being presented for the Standard Grade Examination in Maths and hopefully will continue to work towards this goal. Unfortunately though, the signs are ominous that her standards of behaviour and attitude to staff and work are deteriorating quickly.

DRAMA:

Sheila can be a very useful member of the class, however she believes herself to be a poor reader and tends to give up in the huff. Pity really because she compares well with the others.

ART:

Sheila very seldom looks favourably on anything she does. She can be impatient, petulant, demanding. She can also be pleasant and amenable, but all too infrequently.

SOCIAL STUDIES:

Sheila can be an asset in class. She can work away quietly at her own pace and take a sensible part in discussion. However sometimes in class she appears to be in a bad mood for no apparent reason. At these times she does not want to take part at all. At times in class I have Sheila by herself and she can be a great pleasure to work with, but her blacker moods do give cause for concern.

HAIRDRESSING:

Sheila is a pleasant girl in class, tries hard, works away quite happily. Lately Sheila has seemed a bit off colour, does not seem herself although she works at her hairdressing.

HOME ECONOMICS:

Sheila last year tried hard, and was a pleasure to teach. However for some reason she has little interest, or incentive. I miss the old Sheila very much.

ACADEMIC POTENTIAL:

There has been a marked deterioration in Sheila's behaviour and general attitude to staff and peers. Before the summer break she was pleasant and hard working. Now she appears in taking great pleasure in being disruptive and nasty. This is a great pity as prior to this Sheila was considered to be an asset and a reliable worker. She allows herself to be led into trouble. Sheila's old self shows through occasionally and on this basis she is being encouraged to try for 2 Standard Grade Exams - English and Maths. However she will need to show more commitment and a greater effort. Hopefully she will return to her former self soon.


Area Reporter,
Reporter to the Children's Panel,
34 Newton Street,
Paisley, PA1 2RN.

15th July 1987.

Dear 

Thank you for the letter advising us of Sheila McKirdy's forthcoming hearing.

Sheila came here daily for school and left at the end of May so I have not asked the teachers for reports since, at this stage, school reports would appear to be irrelevant.

However, in the last year Sheila presented a number of problems, which, hitherto, we had not experienced. These seemed to stem from some incidents which occurred during the summer holidays of last year. From being a co-operative little girl, she became disgruntled, abusive of staff, defiant towards them and, generally disruptive. All our efforts to discover the reason for this "swing" were in vain. We did have a few good spells with her but, by and large, her attitude to the Centre was one of dislike and rejection. She made life particularly difficult for the Art Teacher, the only male teacher, made allegations that he had used abusive language towards her and turned other girls against him. From all I've heard, I get the distinct impression that men are "at risk" with Sheila.

You will gather that we were not particularly sorry to see her go out our door for the last time!

Yours sincerely,



Department of Reporter to the Children's Panel
Regional Reporter

Renfrew Division
34 Newton Street
Paisley PA1 2RN



Divisional Reporter

Principal
Good Shepherd Centre
BISHOPTON

Our ref DH/KH

Your ref

If phoning or
calling ask for

Date 14 July 1987

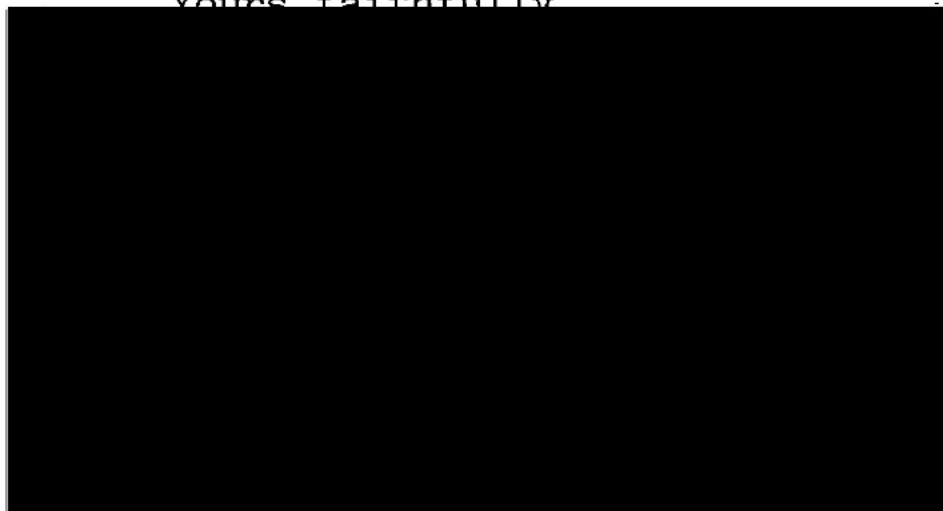
Dear Sir/Madam

SHEILA MCKIRDY (02.07.71), c/o GRYFFE CHILDREN'S HOME

The above named child is to appear at a Children's Hearing on Wednesday
22 July 1987 at 6.30 pm for the purpose of reviewing her Supervision Requirement.

I would be grateful, therefore, if you would submit a report as soon as
possible before the Hearing.

Yours faithfully





Good Shepherd Centre

Bishopton
Renfrewshire. PA7 5PF
Telephone: 

REPORT FOR THE REPORTER TO THE CHILDREN'S PANEL

SHEILA MCKIRBY (Age 15)
% Carsenwood House, Howwood.
d.o.b. - 2.7.71

Admitted to Good Shepherd Centre - 10.6.85

Sheila has been on a day placement at Good Shepherd for the last eighteen months. Statutory supervision was terminated at a Children's Hearing on 11th November 1985. Sheila is due to leave school in five months time.

PROGRESS REPORT

Information will no doubt have been supplied by the Social Work Department about developments in Sheila's home situation and particularly the alleged incidents of sexual abuse.

From our point of view Sheila was making very good progress during the early part of 1986. However shortly before and also on her return after the summer holidays there was a very noticeable deterioration in Sheila's behaviour and general demeanour. It was not until the end of October 1986 that the full story emerged and Sheila felt able to discuss the matter with a member of our staff.

Once Sheila had shared her "secret" with various people a burden seemed to lift from her and in school at least she settled down again and began to revert to her better self. However in the run-up to Christmas Sheila has once

again been unsettled and her behaviour is that of an anxious girl who is under some pressure. Our interpretation, albeit based on limited information, would be that Sheila is feeling increasingly vulnerable in Lonswood House where perhaps peer-group demands are now becoming too much for her. She will also naturally enough be concerned about plans for the future.

EDUCATION

There has been a steady deterioration in Sheila's attitude and behaviour over the last six months. Previously she was a pleasant hard-working pupil but we see this side of her all too seldom now. She can be quite disruptive at times and frequently allows herself to be led into trouble. She will need to show greater effort and commitment in the coming months if she is to pass her exams. The following comments are those of her class teachers.

English - Sheila is very remedial over the four areas of English. However she tries hard and generally works to her potential. Although Sheila can be difficult elsewhere, she seems to like this subject and presents few problems.

Maths - Sheila lacks confidence and needs frequent assistance and reassurance. Her work is legible and neatly presented. Recently Sheila has shown extreme swings of mood from being loud and defiant to her more normal pleasant hard-working self. She is being presented for Maths at Standard Grade but will have to improve on her poor performance of late.

Drama - Sheila can be a very useful member of the class but she believes herself to be a poor reader and this often discourages her. A pity really because she compares well with the other girls in her class.

Art - Sheila seldom looks favourably on anything that she does. She can be impatient, demanding and petulant but is

all too infrequently pleasant and amenable.

Social Studies - Sheila can be an asset in class. She works away quietly at her own pace and participates sensibly in discussions. She can be a great pleasure to work with, particularly on an individual basis, but Sheila has become increasingly moody and there must be some concern about her growing discontent.

Hairdressing - Sheila is a pleasant girl in class. She tries hard and works away quite happily. Lately she has seemed a bit "off colour" and not quite herself although she works well enough.

Home Economics - Last year Sheila tried very hard and was a pleasure to teach. However she now seems to have lost her interest and incentive to do well. The "old" Sheila is very much missed.

ASSESSMENT

Sheila is unquestionably experiencing a very difficult time and would clearly benefit from increased support and supervision. She attended none of the Christmas festivities in the Centre last week and that is fair measure of just how troubled she must be. At the time of writing we understand that Sheila is living with her sister having made a fresh set of "allegations" against a member of staff at Lasewood. Similar allegations got her removed from the family home when she was not coping so could this possibly be a repeat performance?

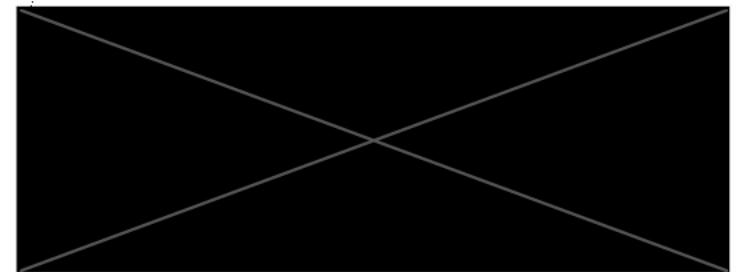
RECOMMENDATION

We are happy to continue working with Sheila in whatever capacity the Panel feel is appropriate.

22 Dec. 1986



THIRD IN CHARGE



The information on this form must be restricted to those professionally concerned with the child.

Strathclyde Regional Council

REPORT BY EDUCATIONAL PSYCHOLOGIST ON A CHILD WHO MAY HAVE SPECIAL EDUCATIONAL NEEDS

1. Surname of child **McKIRDY** Other names **SHEILA**
 Date of birth **2.7.71** Sex **F** School attended **John Neilson High**
 Division **Renfrew** Name of parent or guardian 
 Child's home address Address (if different from child's home address)
 **164 Candren Road**
 **Paisley**
 Telephone number

2. Intellectual assessment (give details of all tests used including dates of administration)

..... **Low average ability.**

3. Perceptual and motor skills

.....

4. Evaluation and interpretation of above results and their educational implications:

Able to cope with mainstream curriculum.

5. Educational assessment (including results of any standardised or diagnostic tests and difficulties noted)

(a) Language assessment

About 2 years basic educational retardation.

(b) Literacy skills

(c) Mathematical skills

(d) Special interests or abilities noted

(e) Educational implications of above findings

(For severely/profoundly mentally or physically handicapped)

5. Assessment

(a) Communication

(b) Self-help skills

(c) Social skills

(d) Motor skills

(e) Play

(f) Special interests

(g) Educational implications of above findings

6. Social and emotional development (including results of tests or inventories)

(a) Relevant developmental history

Has had school-based problems since P.1. Great deal of truancy in primary school.

Father died when she was 7.

(b) Current social and emotional status

In the one-to-one interview, Sheila responds very positively indeed and is able to express herself very well. She impresses as a warm, friendly young girl.

Well adjusted to her family and local neighbourhood.

(c) Educational/management implications of above observations

Requires firm but sympathetic handling and would respond very well to a structural but understanding environment.

7. Assessment of home environment

- (a) Relationships within the family (including degree of support and interest, parental understanding of child's disability and parental ability and readiness to promote his growth and development)

Family background chaotic. Mother partially deaf, lot of shouting, Sheila used to talking back to mother. Severe communication problems. Family hostile/apathetic to school. Sheila given confusing messages re her behaviour. Family very close, stand up for each other. Older brother - chronic glue sniffer. All other school-age siblings in Special School.

Received very inconsistent parenting, permissive early on. Father was very violent, in/out of jail. Sheila found him dead, 5 years ago. Remembers the Police being very pleased with the news. Father still figures very largely in her life, sees him in the spirit!

- (b) Other relevant information about home environment With the recent school problems, mother exasperated, very little understanding, support.

- (c) Parent's reactions to recommendations of the Educational Psychologist

Agreeable.

- (d) Implications of the above for the child's education

Because of family background, Sheila finds great difficulties conforming to normal school expectations. She reacts badly to being shouted at by teachers (echo of her mother) and she responds by talking back to them (as she does with her mother).

8. Summary of handicap(s)

Degree of Impairment	Expressive Language	Language Comprehension	Specific Learning (if any)	Current Intellectual Functioning	Social and Emotional Behaviour
No Impairment	✓	✓		✓	
Slight Impairment			✓		✓
Moderate Impairment					
Severe Impairment					
Total Impairment					

9. Recommendations for placement

- (a) does not at present require any special arrangements other than a continuing review of progress ☐
- (b) education in ordinary school with special help (specify) ☐
- (c) placement in a day special school or class (specify) Good Shepherd Centre ☒
- (d) placement in a residential special school (specify) ☐
- (e) home tuition ☐

Recommendations for teaching arrangements

- (a) remedial education (for children functioning markedly below their potential) ☐
- (b) facilities and curriculum designed for slow learners ☐
- (c) teaching designed to develop practical and social skills leading to independence within the community ☐
- (d) teaching, within a carefully structured environment, designed for children who are unlikely to be able to live independently within the community ☐
- (e) education appropriate to a child of high ability or special aptitudes (specify) ☐
- (f) educational measures designed to overcome specific learning difficulties, e.g. in auditory or visual perception ☐

6.

- (g) a supportive regime which is able to tolerate a wide range of behaviour disorders ☒
- (h) a regime which expects conformity to usually accepted patterns of behaviour ☐
- (i) continuing help from supportive services (indicate which, e.g. doctor, psychologist, therapist) to enable him to remain in ordinary school. ☐
- (j) other (specify) ☐

Date 14/8/85

Signed.....



Designation Senior Educational Psychologist

10. Review assessments

The information on this form must be restricted to those professionally concerned with the child.

Strathclyde Regional Council

REPORT BY EDUCATIONAL PSYCHOLOGIST ON A CHILD WHO MAY HAVE SPECIAL EDUCATIONAL NEEDS

1. Surname of child McKIRDY Other names SHEILA
 Date of birth 2.7.71 Sex F School attended John Neilson High
 Division Renfrew Name of parent or guardian 
 Child's home address Address (if different from child's home address)
164 Candren Road
Paisley
 Telephone number

2. Intellectual assessment (give details of all tests used including dates of administration)

Low average ability.

3. Perceptual and motor skills

4. Evaluation and interpretation of above results and their educational implications:

Able to cope with mainstream curriculum.

5. Educational assessment (including results of any standardised or diagnostic tests and difficulties noted)

(a) Language assessment

About 2 years basic educational retardation.

(b) Literacy skills

(c) Mathematical skills

(d) Special interests or abilities noted

(e) Educational implications of above findings

(For severely/profoundly mentally or physically handicapped)

5. Assessment

(a) Communication

(b) Self-help skills

(c) Social skills

(d) Motor skills

(e) Play

(f) Special interests

(g) Educational implications of above findings

6. Social and emotional development (including results of tests or inventories)

(a) Relevant developmental history

Has had school-based problems since P.1. Great deal of truancy in primary school.

Father died when she was 7.

(b) Current social and emotional status

In the one-to-one interview, Sheila responds very positively indeed and is able to express herself very well. She impresses as a warm, friendly young girl.

Well adjusted to her family and local neighbourhood.

(c) Educational/management implications of above observations

Requires firm but sympathetic handling and would respond very well to a structural but understanding environment.

7. Assessment of home environment

- (a) Relationships within the family (including degree of support and interest, parental understanding of child's disability and parental ability and readiness to promote his growth and development)

Family background chaotic. Mother partially deaf, lot of shouting, Sheila used to talking back to mother. Severe communication problems. Family hostile/apathetic to school. Sheila given confusing messages re her behaviour. Family very close, stand up for each other. Older brother - chronic glue sniffer. All other school-age siblings in Special School.

Received very inconsistent parenting, permissive early on. Father was very violent, in/out of jail. Sheila found him dead, 5 years ago. Remembers the Police being very pleased with the news. Father still figures very largely in her life, sees him in the spirit!

- (b) Other relevant information about home environment With the recent school problems, mother exasperated, very little understanding, support.

- (c) Parent's reactions to recommendations of the Educational Psychologist

Agreeable.

- (d) Implications of the above for the child's education

Because of family background, Sheila finds great difficulties conforming to normal school expectations. She reacts badly to being shouted at by teachers (echo of her mother) and she responds by talking back to them (as she does with her mother).

8. Summary of handicap(s)

Degree of Impairment	Expressive Language	Language Comprehension	Specific Learning (if any)	Current Intellectual Functioning	Social and Emotional Behaviour
No Impairment	✓	✓		✓	
Slight Impairment			✓		✓
Moderate Impairment					
Severe Impairment					
Total Impairment					

9. Recommendations for placement

- (a) does not at present require any special arrangements other than a continuing review of progress ☐
- (b) education in ordinary school with special help (specify) ☐
- (c) placement in a day special school or class (specify) **Good Shepherd Centre** ☒
- (d) placement in a residential special school (specify) ☐
- (e) home tuition ☐

Recommendations for teaching arrangements

- (a) remedial education (for children functioning markedly below their potential) ☐
- (b) facilities and curriculum designed for slow learners ☐
- (c) teaching designed to develop practical and social skills leading to independence within the community ☐
- (d) teaching, within a carefully structured environment, designed for children who are unlikely to be able to live independently within the community ☐
- (e) education appropriate to a child of high ability or special aptitudes (specify) ☐
- (f) educational measures designed to overcome specific learning difficulties, e.g. in auditory or visual perception ☐

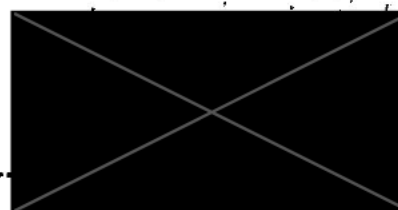
- (g) a supportive regime which is able to tolerate a wide range of behaviour disorders
- (h) a regime which expects conformity to usually accepted patterns of behaviour
- (i) continuing help from supportive services (indicate which, e.g. doctor, psychologist, therapist) to enable him to remain in ordinary school.
- (j) other (specify)



Date

14/5/85

Signed.....



Designation Senior Educational Psychologist

2 MAY 1985

The information on this form must be restricted to those professionally concerned with the child.

Strathclyde Regional Council

MEDICAL REPORT ON A CHILD WHO MAY HAVE SPECIAL EDUCATIONAL NEEDS

Surname of child McKirdy

Other names Sheila

Date of birth 2.7.71 Sex F

School attended John Neilson High School

Name of parent or guardian 

Division Renfrew

Telephone number

Child's home address

Address (if different from home address)

..... 28 Bankfoot Road, Paisley

Name of general practitioner

Address of general practitioner



..... Ferguslie Clinic, Kirklea Ave., Paisley

Does parent consent to G.P. being informed of final decision?

Yes

Siblings and place in family
(Tick for subject and ring as appropriate for others)

1
M (F)

2
M (F)

3
M (F)

4
(M) F

5
(M) F

6
M F

7
(M) F

Present at interview: Mother ☐

Father ☐

Other ☐
(State Relationship)

SUMMARY

Referred by: Child Guidance

For what reason: For completion of S.E.N.2

Date of examination 14.5.85

DIAGNOSIS (see Notes below):

The child is handicapped only in the following areas
(Please place tick in appropriate box(es)):

1. Vision
2. Hearing
3. Speech and Language
4. Motor function
5. Physical health
6. Behaviour and emotional development
7. Intellectual development
8. Ability to care for himself

Degree of Impairment

	DEGREE OF IMPAIRMENT	VISION	HEARING	MOBILITY		PHYSICAL HEALTH	SOCIAL AND EMOTIONAL BEHAVIOUR
				UPPER LIMB	LOWER LIMB		
☐	NO IMPAIRMENT						
☐	SLIGHT IMPAIRMENT						
☐	MODERATE IMPAIRMENT						
☒	SEVERE IMPAIRMENT						✓
☐	TOTAL IMPAIRMENT						

Notes: 1. The section below DIAGNOSIS on this page and sections 1 to 8 on the following pages need be completed only for the particular handicap(s) which the child has. If the child is not regarded as handicapped, none need be completed. Sections 9 and 10 following should be completed where appropriate.

2. Specialist reports (e.g. surgical or psychiatric) may be required before certain sections of the form can be completed.

3. Where there is an asterisk, delete alternative(s) not applicable.

1. VISION Normal

a. Vision is impaired: Lt Rt Binoc

Visual acuity UNAIDED distance

near

AIDED distance

near

Child has slightly reduced acuity Lt/Rt*
which is corrected by
spectacles/contact lens*

☐

Child has amblyopia/squint/field defects*

☐

Child is significantly visually handicapped
(reduced acuity both eyes which cannot
be fully corrected by optical aids)

☐

Child is severely visually handicapped
(cannot be educated by sighted methods)

☐

b. Diagnosis

Treatment required:

surgical ☐orthoptics ☐

Prognosis

likely to improve ☐unlikely to improve ☐likely to deteriorate ☐uncertain ☐

Optical aids: spectacles

Lt ☐Rt ☐Both ☐

contact lens

☐☐☐

low visual

☐☐☐

none

☐☐☐

c. Teaching/management implications

Individual optical aids should be worn
(specify within brackets)

constantly () ☐for close work () ☐for distant viewing () ☐Classroom aids (e.g. magnifiers) should be available ☐

Position needed in classroom (specify):

Child needs to work where lighting is: restricted ☐average ☐better than average ☐Child needs Braille/other non-visual methods* (specify) ☐Physical activities should be unrestricted ☐restricted (specify) ☐

2. HEARING Normal.

a. Hearing is impaired:

AUDIOGRAMS

Left

Right

Child has slight loss of hearing Lt/Rt* (which is well compensated by hearing aid)

☐

Child has fluctuating reduction of hearing

☐

Child has "high tone" deafness

☐

Child is partially hearing (severely reduced hearing Lt/Rt* which is NOT fully compensated by hearing aid)

☐

Child is deaf

☐

b. Diagnosis

Prognosis

likely to improve

☐

unlikely to improve

☐

likely to deteriorate

☐

Treatment required

uncertain

☐

c. Teaching/management implications

Hearing aid should be worn: constantly

☐

for class work only

☐

Child should keep close enough to the teacher for hearing and lip reading to be made easy, e.g. towards the front of a class and the side nearest the window

☐

Attention from teacher of the deaf

☐

Teaching methods based primarily on tactile approach

☐

3. SPEECH AND LANGUAGE

a. Speech defect/language disorder* is present

Speech-sound production is: intelligible to stranger ☐understood with difficulty ☐unintelligible to stranger ☐seldom/never* used ☐Spoken language (expression) is retarded ☐Comprehension of spoken language is limited ☐

b. Diagnosis

Speech therapy required ☐

Prognosis

likely to improve ☐unlikely to improve ☐likely to deteriorate ☐uncertain ☐

c. Teaching/management implications

5.

4. MOTOR FUNCTION Normal.

a. Motor disability is present:

Lt/Rt* finger/hand* movements:	weak	☐	Gait unsteady	☐
	clumsy	☐	Agility poor	☐
Lt/Rt* arm movements	weak	☐	Walks with aids	☐
	clumsy	☐	Cannot climb stairs	☐
Cannot sit without support		☐	Cannot walk	☐

b. Diagnosis

Prognosis

Surgical treatment required	☐	likely to improve	☐
Physiotherapy required	☐	unlikely to improve	☐
Wear appliances (specify)	☐	likely to deteriorate	☐
Use walking aids	☐	uncertain	☐
Use wheelchair	☐		

c. Teaching/management implications

Needs physical help in class:	some	☐
	a lot	☐

5. PHYSICAL HEALTH

- a. A disorder is present, with the following signs and symptomst

She is a physically healthy girl. Her height and weight are below average for her age, but she has gained satisfactorily in both during the past six months.

(Both parents were well below average in height and weight).

b. Diagnosis	Prognosis
Regular medication (specify) ☐	likely to improve ☐
Surgical dressings ☐	unlikely to improve ☐
Special diet (specify) ☐	likely to deteriorate ☐
Medical surveillance ☐	uncertain ☐
Other (specify) ☐	

- c. Teaching/management implications

Needs protective environment (specify) ☐

Restrictions on physical activities (specify) ☐

Midday rest period ☐

Other (specify) ☐

† If the child has epilepsy, brief details should be given of the nature and frequency of the seizures.

6. BEHAVIOUR AND EMOTIONAL DEVELOPMENT

a. These present a problem

The child is over-active ☐aggressive ☐quiet/withdrawn ☐antisocial ☐

Other behaviour described by parent and /or teacher, or observed by doctor:

Sheila's behaviour has caused concern both in school and within her own home, during the past 2 years. She is an insolent girl, aggressive and disruptive, and unwilling to conform to rules both at home and in school. Truanting from school is now also a problem, over which her mother has little control.

In the one-to-one situation Sheila is an open talkative girl.

b. Diagnosis

Maladjusted behaviour

Requires psychiatric treatment (specify) ☐Requires psychiatric surveillance ☐

Prognosis

likely to improve ☐unlikely to improve ☐likely to deteriorate ☐uncertain ☒

c. Teaching/management implications

Teaching in a unit or small school capable of giving special attention to children with behaviour problems ☐A regime which can tolerate and provide for a wide range of disordered behaviour ☐A regime which expects conformity to usually accepted patterns of behaviour ☐

8.

7. INTELLECTUAL DEVELOPMENT

- a. Observations on mental function from neuro-developmental and other examination if a learning difficulty is suspected:

Probably within average range.

- b. Cannot guard against common dangers ☐

- c. Cannot find way about alone ☐

8. ABILITY TO CARE FOR HIMSELF

Requires help: dressing ☐

washing ☐

feeding ☐

toileting ☐

Incontinent: never ☒

sometimes ☐

frequently ☐

night/day* ☐

wears urinary bag ☐

Soils: never ☒

sometimes ☐

frequently ☐

night/day* ☐

9. FAMILY, SOCIAL AND PERSONAL HISTORY

- a. Normal as far as is known ☐

- b. Father's occupation Deceased

- c. Mother's occupation Housewife

- d. Otherwise, essential information only:

9.

10. OTHER SPECIAL NEEDS

a. Nil ☐

b. Professional nursing care:

over 24 hours ☐

day time only ☐

For what reason?

surveillance ☐

Daily transport to school ☐

Residential school or hostel ☐

Other (specify) ☐

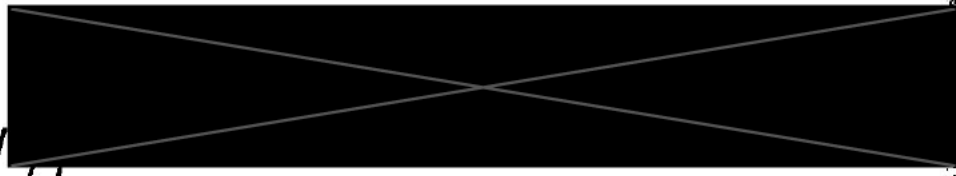
For what reason?

11. REPORTS FROM SPECIALISTS

12. ADDITIONAL NOTES AND COMMENTS ON RECOMMENDATIONS.

This girl presents with fairly severe maladjusted behaviour which makes it impossible for her to cope with mainstream education.

I would recommend that she should have placement in school for the maladjusted.

Signed 

Designation..... Senior Clinical Medical Officer.

21 MAY 1985

The information on this form must be restricted to those professionally concerned with the child.

Strathclyde Regional Council

MEDICAL REPORT ON A CHILD WHO MAY HAVE SPECIAL EDUCATIONAL NEEDS

Surname of child McKirdy.....

Other names..... Sheila.....

Date of birth 2.7.71..... Sex... E..

School attended .. John Neilson High School..

Name of parent or guardian.....

Division..... Renfrew.....

Telephone number

Child's home address

Address (if different from home address)

..... 28 Bankfoot Road, Paisley.....

Name of general practitioner

Address of general practitioner

.....

..... Ferguslie Clinic, Kirklea Ave., Paisley.....

Does parent consent to G.P. being informed of final decision?

Yes

Siblings and place in family
(Tick for subject and ring as appropriate for others)

1
M (F)

2
M (F)

3
M (F)

4
(M) F

5
(M) F

6
M F

7
(M) F

Present at interview: Mother ☐

Father ☐

Other ☐
(State Relationship)

SUMMARY

Referred by: Child Guidance

For what reason: For completion of S.E.N.2

Date of examination 14.5.85

DIAGNOSIS (see Notes below):

The child is handicapped only in the following areas
(Please place tick in appropriate box(es)):

1. Vision
2. Hearing
3. Speech and Language
4. Motor function
5. Physical health
6. Behaviour and emotional development
7. Intellectual development
8. Ability to care for himself

Degree of Impairment						
	DEGREE OF IMPAIRMENT	VISION	HEARING	MOBILITY		SOCIAL AND EMOTIONAL BEHAVIOUR
				UPPER LIMB	LOWER LIMB	
☐	NO IMPAIRMENT					
☐	SLIGHT IMPAIRMENT					
☐	MODERATE IMPAIRMENT					
☒	SEVERE IMPAIRMENT					✓
☐	TOTAL IMPAIRMENT					

- Notes:
1. The section below DIAGNOSIS on this page and sections 1 to 8 on the following pages need be completed only for the particular handicap(s) which the child has. If the child is not regarded as handicapped, none need be completed. Sections 9 and 10 following should be completed where appropriate.
 2. Specialist reports (e.g. surgical or psychiatric) may be required before certain sections of the form can be completed.
 3. Where there is an asterisk, delete alternative(s) not applicable.

1. VISION Normal

a. Vision is impaired:

Lt

Rt

Binoc

Visual acuity UNAIDED distance

near

AIDED

distance

near

Child has slightly reduced acuity Lt/Rt*
which is corrected by
spectacles/contact lens*

☐

Child has amblyopia/squint/field defects*

☐

Child is significantly visually handicapped
(reduced acuity both eyes which cannot
be fully corrected by optical aids)

☐

Child is severely visually handicapped
(cannot be educated by sighted methods)

☐

b. Diagnosis

Treatment required:

surgical

☐

orthoptics

☐

Prognosis

likely to improve

☐

unlikely to improve

☐

likely to deteriorate

☐

uncertain

☐

Lt

Rt

Both

Optical aids: spectacles

☐☐☐

contact lens

☐☐☐

low visual

☐☐☐

none

☐☐☐

c. Teaching/management implications

Individual optical aids should be worn
(specify within brackets)

constantly

(

)

☐

for close work

(

)

☐

for distant viewing

(

)

☐

Classroom aids (e.g. magnifiers) should be available

☐

Position needed in classroom (specify):

Child needs to work where lighting is:

restricted

☐

average

☐

better than average

☐

Child needs Braille/other non-visual methods* (specify)

☐

Physical activities should be unrestricted

☐

restricted (specify)

☐

2. HEARING Normal.

a. Hearing is impaired:

AUDIOGRAMS

Left

Right

Child has slight loss of hearing Lt/Rt* (which is well compensated by hearing aid)

☐

Child has fluctuating reduction of hearing

☐

Child has "high tone" deafness

☐

Child is partially hearing (severely reduced hearing Lt/Rt* which is NOT fully compensated by hearing aid)

☐

Child is deaf

☐

b. Diagnosis

Prognosis

likely to improve

☐

unlikely to improve

☐

likely to deteriorate

☐

uncertain

☐

Treatment required

c. Teaching/management implications

Hearing aid should be worn: constantly

☐

for class work only

☐

Child should keep close enough to the teacher for hearing and lip reading to be made easy, e.g. towards the front of a class and the side nearest the window

☐

Attention from teacher of the deaf

☐

Teaching methods based primarily on tactile approach

☐

3. SPEECH AND LANGUAGE

a. Speech defect/language disorder* is present

Speech-sound production is: intelligible to stranger ☐understood with difficulty ☐unintelligible to stranger ☐seldom/never* used ☐Spoken language (expression) is retarded ☐Comprehension of spoken language is limited ☐

b. Diagnosis

Speech therapy required ☐

Prognosis

likely to improve ☐unlikely to improve ☐likely to deteriorate ☐uncertain ☐

c. Teaching/management implications

4. MOTOR FUNCTION Normal.

a. Motor disability is present:

Lt/Rt* finger/hand* movements:	weak	☐	Gait unsteady	☐
	clumsy	☐	Agility poor	☐
Lt/Rt* arm movements	weak	☐	Walks with aids	☐
	clumsy	☐	Cannot climb stairs	☐
Cannot sit without support		☐	Cannot walk	☐

b. Diagnosis

Prognosis

Surgical treatment required	☐	likely to improve	☐
Physiotherapy required	☐	unlikely to improve	☐
Wear appliances (specify)	☐	likely to deteriorate	☐
Use walking aids	☐	uncertain	☐
Use wheelchair	☐		

c. Teaching/management implications

Needs physical help in class:	some	☐
	a lot	☐

5. PHYSICAL HEALTH

- a. A disorder is present, with the following signs and symptoms†

She is a physically healthy girl. Her height and weight are below average for her age, but she has gained satisfactorily in both during the past six months.

(Both parents were well below average in height and weight).

b. Diagnosis	Prognosis
Regular medication (specify) ☐	likely to improve ☐
Surgical dressings ☐	unlikely to improve ☐
Special diet (specify) ☐	likely to deteriorate ☐
Medical surveillance ☐	uncertain ☐
Other (specify) ☐	

- c. Teaching/management implications

Needs protective environment (specify) ☐

Restrictions on physical activities (specify) ☐

Midday rest period ☐

Other (specify) ☐

† If the child has epilepsy, brief details should be given of the nature and frequency of the seizures.

6. BEHAVIOUR AND EMOTIONAL DEVELOPMENT

a. These present a problem

The child is over-active

☐

aggressive

☐

quiet/withdrawn

☐

antisocial

☐

Other behaviour described by parent and /or teacher, or observed by doctor:

Sheila's behaviour has caused concern both in school and within her own home, during the past 2 years. She is an insolent girl, aggressive and disruptive, and unwilling to conform to rules both at home and in school. Truanting from school is now also a problem, over which her mother has little control.

In the one-to-one situation Sheila is an open talkative girl.

b. Diagnosis

Maladjusted behaviour,

Requires psychiatric treatment
(specify)☐

Requires psychiatric surveillance

☐

Prognosis

likely to improve

☐

unlikely to improve

☐

likely to deteriorate

☐

uncertain

☒

c. Teaching/management implications

Teaching in a unit or small school capable of giving special attention
to children with behaviour problems☐A regime which can tolerate and provide for a wide range of
disordered behaviour☐A regime which expects conformity to usually accepted patterns of
behaviour☐

7. INTELLECTUAL DEVELOPMENT

- a. Observations on mental function from neuro-developmental and other examination if a learning difficulty is suspected:

Probably within average range.

- b. Cannot guard against common dangers ☐
- c. Cannot find way about alone ☐

8. ABILITY TO CARE FOR HIMSELF

- | | | | | | |
|----------------|------------|-------------------------------------|-------------------|--------------------------|--------------------------|
| Requires help: | dressing | ☐ | | washing | ☐ |
| | feeding | ☐ | | toileting | ☐ |
| Incontinent: | never | ☒ | sometimes | ☐ | frequently |
| | night/day* | ☐ | wears urinary bag | ☐ | |
| Soils: | never | ☒ | sometimes | ☐ | frequently |
| | night/day* | ☐ | | | |

9. FAMILY, SOCIAL AND PERSONAL HISTORY

- a. Normal as far as is known ☐
- b. Father's occupation Deceased
- c. Mother's occupation Housewife
- d. Otherwise, essential information only:

10. OTHER SPECIAL NEEDS

a. Nil ☐

b. Professional nursing care:

over 24 hours ☐day time only ☐

For what reason?

surveillance ☐Daily transport to school ☐Residential school or hostel ☐Other (specify) ☐

For what reason?

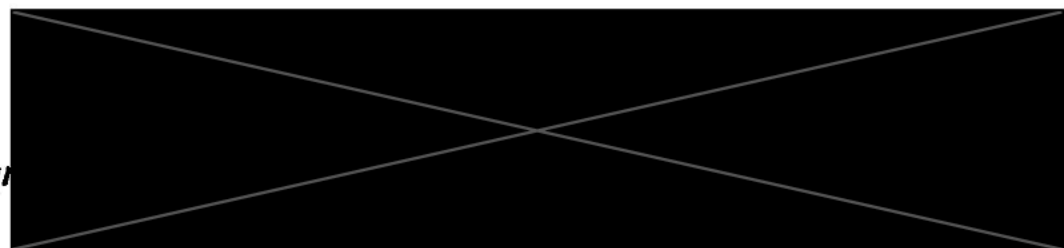
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I would recommend that she should have placement in school for the maladjusted.

Signature



Designation..... Senior Clinical Medical Officer.