



Stapolin Educate Together National School

School Address: Myrtle Road, The Coast, Dublin 13, D13PP2W

School Roll Number: 20519G

School Patron: Educate Together

Referral and Consent Form for Senior Specific Speech and Language Disorder (SSLD) Class.

The Referral Agent (Speech & Language Therapist or Psychologist) should complete the following form and submit it with the documentation outlined below using Jotform online platform (link can be found on school website)

**For queries, please contact : Clodagh Farrell, Principal,
Stapolin ETNS, Myrtle Road, The Coast, Dublin 13, D13PP2W.**

Opening date for applications is 1st February 2025 and the closing date for Applications for 2025 is : **Friday 7th March 2025**

Child's Name: _____ **DOB:** _____

Address: _____

Name of Parent(s)/Guardian(s):

Tel: _____

e-mail : _____

Referred by: _____

Address: _____

Tel: _____

e-mail : _____

NB: The following documents should be included in online application:- (Please tick each box)

<input type="checkbox"/>	Referral and consent form, completed and signed (including SEB Rating form)
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	School or Preschool Report form (including SEB Rating form)
	Current SLT Report
	Recent Psychological Assessment Report
	Any other reports: eg. OT; Audiology; CAMHS; etc. • • •

Parental Consent for Child's Referral to Language Class

I understand that my child has a Developmental Language Disorder and I give consent for the referral of my child to the SSLD / Specific Speech and Language Disorder Class.	
I give permission to members of the Admissions Advisory Committee* to read my child's referral reports and to contact other professionals involved in the referral either by telephone or in writing.	
I have read the information leaflet and I understand that I will have an important role to play should my child be offered a place in the SSLD Class. The SLT has completed the SEB Rating scale with me (pp 4-5 of this form)	
In the event that my child is eligible for a place in Stapolin ETNS SSLD Class but is not offered a place due to lack of places, I consent to my child being considered for a place in St. Marnock's Language Class if a place is available.	

* The composition and role of the Admissions Advisory Committee are set out in the school's SSLD Class Policy.

Signed: _____
(Parent / Guardian) (Parent / Guardian)

Date: _____

Referrer's signature: _____ **Date:** _____

Speech & Language Therapy History

Currently attending speech and language therapy at: _____

Name of SLT: _____

He/she attended for most recent assessment on: _____

Has he/she attended for therapy? Yes / No

He/she has received _____ blocks of therapy from _____ to _____.

He/she has had a total of _____ sessions to date. Individual: _____ Group: _____

He/she has significant difficulty with:

Receptive Language		Speech	
Expressive Language		Pragmatic Lang / Social Communication	

Language (s) spoken at home: _____

Current educational placement and recent psychological assessment

Name of current teacher & class level: _____

Name & Tel. number of current school:

Most recent psychological assessment (date): _____

Psychologist's name & contact details: _____

Other professionals involved e.g. OT, ENT Consultant, Audiologist, CAMHS

Name and contact details of other professionals involved:

Other Relevant Referral Information not contained in reports:

Social, Emotional and Behavioural Rating Scale

(To be completed by the speech and language therapist and parent together)

Child's name: _____ D.O.B: _____ Age _____

Completed by: _____ (Parent) _____ (SLT) Date: _____

For each statement below please circle the one which, in your experience, applies **most** appropriately to the child: generally the case, sometimes the case or rarely the case.

Circle one response only per statement.

Social

1. The child is included by peers in interactions, e.g. games, invited to parties etc.

Generally **Sometimes** **Rarely**

2. The child initiates appropriate verbal interactions with familiar listeners, e.g. conversations, telling news, recounting stories.

Generally **Sometimes** **Rarely**

3. The child is able to join in and play with peers to an age-appropriate level.

Generally **Sometimes** **Rarely**

4. The child withdraws from interactions with peers.

Generally **Sometimes** **Rarely**

Emotional

1. The child presents as confident in familiar settings.

Generally **Sometimes** **Rarely**

2. The child can resolve conflicts and negotiate with peers to an age-appropriate level.

Generally **Sometimes** **Rarely**

3. The child's initial reaction when set a task is to 'opt out' or give up, e.g. saying "it's too hard for me"

Generally **Sometimes** **Rarely**

4. The child gets frustrated or anxious when he cannot get his message across.

Generally **Sometimes** **Rarely**

Behavioural

1. The child uses strategies to get his message across, e.g. gesture, actions or “saying it another way”.

Generally

Sometimes

Rarely

2. When the child can’t fully understand what is being said, her/she can let you know by asking you to explain again or repeat ...“huh/what?”

Generally

Sometimes

Rarely

3. The child demonstrates age appropriate pragmatic language skills, e.g. eye contact, vocal volume, turn taking, using language forms that are appropriate to the situation and people involved.

Generally

Sometimes

Rarely

4. The child can react in any of the following ways when he has difficulty understanding what is being said or has difficulty expressing himself: becoming embarrassed, becoming withdrawn, acting out, behaving aggressively, having tantrums.

Generally

Sometimes

Rarely

5. The child shows signs of discomfort in speaking situations e.g. muscles tensing, tearfulness, throat clearing, blanching/blushing.

Generally

Sometimes

Rarely

Thank you for completing this form.

Closing Date for Applications is Friday 1st March 2024

A copy of this form will be retained on the child’s HSE SLT file.