



ST. KEVIN'S NATIONAL SCHOOL

Rathdown Road,
Greystones,
Co. Wicklow

Telephone - 2876660
Roll Number - 17720F
Email - stkevin.ias@tinet.ie

Referral and Consent form for St. Kevin's National School Language Class

Referral agent should complete the following form and submit it with the documentation outlined below.
Please send to:

Language Class Applications
c/o Ms Corrina Bailey, School Principal
St. Kevin's National School
Rathdown Road
Greystones, Co. Wicklow

**PLEASE CHECK ANNUAL ADMISSION NOTICE ON OUR
WEBSITE FOR CLOSING DATE AND TIME.**

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

Address: _____

Name & Contact Details of Parent(s)/Carer(s):

Mother/Carer: _____ **Father/Carer:** _____

Address (if different from child's) _____

Home / Mobiles: _____

Emails: _____

Referred by: _____

Address: _____

Contact Details: email: _____ **tel:** _____

NB: Five copies of the following documents are needed:

Please tick:

	5 Copies of Referral and consent form, completed and signed incl, SEB Rating form
	5 Copies of School or Preschool Report form incl, SEB Rating form
	5 Copies of Current SLT Report
	5 Copies of Recent Psychological Assessment Report
	5 Copies of any other relevant reports about this child (please list documents):

Speech & Language Therapy History

Currently attending speech and language therapy at: _____

Name of SLT: _____

He/she attended for 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.

He/she has significant difficulty with:

(please tick:)

Receptive Language	
Expressive Language	
Speech	
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: _____

★ **Psychological Assessment report: enclosed** (Please tick)

Other professionals involved (Public or Private) e.g. OT, ENT Consultant, Audiologist, CAMHS, HSE Disability Team, Clinical Psychologist.]

Name and contact details of other professionals involved:

Parental Consent for Child's Referral to Language Class

Please tick

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.	
I want my child to be referred to the SSLD classes in St Kevin's Language Class	

* The Admissions Advisory Committee is made up of a group of professionals working for the Department of Education & Skills and the HSE whose responsibility it is to consider, discuss and decide which children are selected for placement in the SSLD classes.

Signed: _____
(Parent / Carer) *(Parent / Carer)*

Date: _____

Referrer's signature: _____

Date: _____

Social, Emotional and Behavioural Rating Scale

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

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

*To be completed by the Speech and Language Therapist and parent together.
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. Mark one response only per statement*

Social			
Question	Rating (please circle)		
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			
Question	Rating (please circle)		
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 s/he cannot get his/her message across.	Generally	Sometimes	Rarely

