



ST. KEVIN'S NATIONAL SCHOOL

Rathdown Road,
Greystones,
Co. Wicklow

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Referral of children to the Language Class in St. Kevin's National School Consideration Criteria and Guidelines for Referral

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

Referrals to the Language Classes are accepted from **Speech & Language Therapists** and **Psychologists**. We require **5 copies** of each referral to be sent to:

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

Criteria for admission

Children referred for Language Class placement consideration must meet the following Department of Education and Skills (DES) criteria as described in the DES Circular 38/07:

- Assessment by a psychologist on a standardised test of intelligence, which places non-verbal, or performance ability within the average range or above. (i.e. non-verbal IQ of 90, or above)
- Assessment on a standardised test of speech/language development by a speech and language therapist which places performance in **one or more** of the main areas of speech and language development at **two standard deviations or more** below the mean or at a generally equivalent level
- The pupils' difficulties are **not attributable to hearing impairment**; the hearing threshold for the speech related frequencies should be 40dB.
- Emotional or behavioural disorders or a physical disability are not considered to be primary causes.

Along with the DES criteria additional local criteria must be met by each applicant. The local criteria are:

- Children living within the designated catchment area at the time of referral will be given priority over those that are not. Catchment area for the Language Class of St. Kevin's N.S. includes the area of County Wicklow.

- Priority will be given to children in the age category of 5 to 7 years as St. Kevin's Language Class is a Junior Class.
- A child must have attended a **minimum of six to eight sessions** of 1:1 speech and language therapy within 9 months of the referral date.

Referrals should include the following:

1. A completed **Referral and consent form for Language Class**. This includes a parental consent section and a Social, Emotional and Behavioural Rating Scale to be completed by the child's parents with the assistance of the Speech and Language Therapist.
2. An up to date **psychology report (within 12 months of referral)** which includes the results of a comprehensive assessment of intellectual ability, including index/factor scores and subtest results.
3. A **pre-school/school report** which provides information on the impact of the child's language disorder on his/her educational progress and social/emotional development. Report forms for preschool and primary school children are provided. Please refer to the instructions on the top of both forms prior to completion. Social, Emotional and Behavioural Rating scales for teachers to complete are included in both preschool and primary school report forms.
4. An up to date **speech and language therapy report** with details of assessments carried out within six months of the application being made for the Language Class. If the report is more than 3 months old, a qualitative review report will also need to be furnished to the school. This review report must be written within three months of the closing date for the application to the class detailing progress with therapy since formal assessment. SLT report must also confirm a diagnosis of SSLD/DLD, including results of formal assessment and response to therapy. Where possible, please give specific evidence of pre / post testing to demonstrate slow progress / response to therapy.

The SLT report should include the following:

- A **summary of case history information**: please include any related family history of speech, language, reading, writing or learning difficulties. If there is a history of hearing or other difficulties please ensure reviews are up to date and enclose copies of any relevant audiology/medical reports (with parental consent). Please outline any involvement or onward referral to other services. Referring SLT should make onward referrals if possible prior to SSLD class referral as required (Particularly **OT**, ENT, Audiology, Primary Care Psychology).
- Further specific information in the case of **children who are bi/multilingual** is required (e.g. languages used, for how long, in what contexts). Clinical judgment should be described if appropriate as to differential diagnosis between 2nd language learning and a DLD. Please see the IASLT (2016) Guidelines for SLTs Working with Linguistically Diverse Service Users.
- A brief summary of the child's **educational history** as the school report should elaborate on this section. Where the child has access to additional support teaching in school this should be stated and

summarise collaboration between SLT, school & home (e.g. school visits, attendance at IEP meetings, school programmes provided). If the child has access to SNA support or additional support teaching please state the reason why this support was granted. If a child does not have SNA support but requires it, this should be clearly stated in the report.

- **Previous SLT assessments & intervention:** a very short paragraph will suffice. Give total language or index standard score of previous assessments (last assessment battery prior to current) – not necessary to elaborate on individual subtest score results. State number of sessions offered and number attended, and a brief synopsis of therapy goals and outcomes. Parental commitment and home carryover should be included.
- **Most recent Speech & Language Assessments:** these must have been carried out within the last 6 months. In the case of children with additional phonological/speech needs we will require more up to date information on their current profile. Standardised assessments of receptive and expressive language should be used where possible. For standardised assessments all subtest scores should be included as well as total or core/index scores. Give standard deviations, percentile rank scores etc. and severity of overall disorder. For bi/multilingual children please refer to IASLT guidelines mentioned above. For speech assessments give results of test in report and a description of the child's phonological system where relevant. A short transcription is also helpful and a report of oro-motor examination where applicable. An indication of the child's phonological awareness skills through a standardised assessment would be helpful. Referral to ENT in the case of children who are constant mouth breathers / have rhinitis should have been already considered. Pragmatic/Social Language Skills: use checklist if possible and describe the areas of difficulty.
- **Recent Speech & Language Therapy intervention:** this can be brief. Summary of child and family level of co-operation/motivation should be included (e.g. attendance at sessions, completion of home activities). Briefly describe general targets and outcomes. It may be helpful to include information from any observations made of the child in natural settings (e.g. from waiting room, school visit).
- A brief description of the **impact of the DLD** on functional communication, emotional/social/behaviour development should be provided. Give clear objective examples of the impact of the disorder on the child's ability to carry out effective verbal interaction with family, peers (e.g. can the child make his/her needs and wants known to others etc). Describe briefly if the child has developed other skills or strategies to aid communication. If the DLD is not impacting significantly on these areas of development you should state if the child has developed coping strategies or if support systems are in place at present (e.g. small pre-school with high staff-pupil ratio).
- **Diagnosis and Recommendations:** Provide clear recommendations as to the need for placement in SSLD Class based on severity and impact. The child's **current diagnosis** should be clearly stated with a summary the areas of speech, language and communication difficulties. Please refer to IASLT's Position Paper (2017) Supporting Children with Developmental Language Disorder in Ireland position paper for terminology to use. Please include information on any **co-occurring disorders/needs** a child may present with.