



St. Patrick's School, Drumcondra, Dublin 9

Powerstown ETNS, Tyrrelstown, Dublin 15



Referral to Specific Speech and Language Disorder (SSLD) **Classes**

Child's Name: _____ DOB: _____

Address: _____

Parent/guardian name: _____ Phone: _____

Parent/guardian name: _____ Phone: _____

Please tick below:

I understand that my child has a SSLD and therefore requires referral to a special education school placement

I am aware of the commitments parents/guardians must make on enrolment of their child in the SSLD class

I want my child to be referred to the SSLD classes in St. Patrick's National School in Drumcondra, Dublin 9 and in Powerstown Educate Together National School, Dublin 15.

I give permission to members of the *Common Admissions Advisory Committee to contact other professionals involved in the referral either by telephone or in writing.

* The Common Admissions Advisory Committee is made up of a group of professionals working for either the Dept of Education & Skills or the HSE who decide which children are selected for places in the SSLD classes.

Signed: _____
(parent/guardian) (parent/guardian)

Date: _____

(This signed form must accompany all referrals)