



St. Patrick's School, Drumcondra, Dublin 9

Powerstown ETNS, Tyrrelstown, Dublin 15



Referral and consent form for Language Classes

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

to: **Language Classes Applications Office St. Patrick's BNS and Powerstown ETNS, c/o St. Patrick's Boys National School, Drumcondra, Dublin 9.**

by: **Monday 1st March 2021**

Child's Name: _____ DOB: _____

Address: _____

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

Referred by: _____

Address: _____

Contact Details: email: _____ tel: _____

NB: Six copies of the following documents are needed:-

Please tick:

<input type="checkbox"/>	Referral and consent form, completed and signed incl, SEB Rating form
<input type="checkbox"/>	School or Preschool Report form incl, SEB Rating form
<input type="checkbox"/>	Current SLT Report
<input type="checkbox"/>	Recent Psychological Assessment Report
<input type="checkbox"/>	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:

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 e.g. OT, ENT Consultant, Audiologist, CAMHS

Name and contact details of other professionals involved:

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. Mark 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 and situations.

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/anxious when he/she cannot get his/her message across.

Generally Sometimes Rarely

