



St. Patrick's National School, Drumcondra, Dublin

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 NS and Powerstown ETNS, c/o St. Patrick's National School, Drumcondra, Dublin 9 by: Friday 1st March 2024.**

Please ensure all information is provided

Child's Name: _____ DOB: _____

Address: _____

Guardian 1 Name: _____ Phone Number: _____

Guardian 2 Name: _____ Phone Number: _____

Email address: _____ Email address: _____

School Name: _____ Phone Number: _____

School email address: _____

Referred by: _____

Referrer's email: _____

NB: 3 copies of the following documents are needed:-

Please tick:

	Referral and consent form, completed and signed incl, SEB Rating form
	School or Preschool Report form incl, SEB Rating form
	Current SLT Report
	Recent Psychological Assessment Report
	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 & phone 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. AON, OT, ENT Consultant, Audiologist, CAMHS

Name and contact details of other professionals involved:

Parent/Guardian 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 Language Classes	
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 Language Class.	
I want my child to be referred to the Language Classes in St Patrick's National School Drumcondra and Powerstown Educate Together NS, Tyrrelstown.	

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

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

Date: _____

Referrer's signature: _____

Date: _____

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

Behavioural

1. The child uses strategies to get his/her 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, he/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/she has difficulty understanding what is being said or has difficulty expressing himself/herself: 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

Please add any additional comments you feel are appropriate:

Thank you for completing this form.