

Stapolin Educate Together National School

School Address: Belmayne Avenue, Belmayne, Dublin 13, D13 KT2N

School Roll Number: 20519G

School Patron: Educate Together

Referral and Consent Form for Specific Speech and Language Disorder (SSLD) Class.

The Referral Agent (Speech & Language Therapist or Psychologist) should complete the following form and submit it with the documentation outlined below to:

Clodagh Farrell, Principal,

Stapolin ETNS, Belmayne Avenue, Dublin 13, D13 KT2N.

Closing Date for Applications for 2022 is: Tuesday 8th March 2022

DOB.

Child's Name	: DOB:	
Address:	Name of Parent(s)/Guardian(s):	
	Tel:	
Referred by:	e-mail :	
	Tel:	
	e-mail :	
NB: Five copie	es of the following documents are needed:- (Please tick each box)	
	Referral and consent form, completed and signed (including SEB Rating form) X 5	
	School or Preschool Report form (including SEB Rating form) X 5	

Current SLT Report X 5
Recent Psychological Assessment Report X 5
Any other reports: eg. OT; Audiology; CAMHS; etc. X 5 • • •

Parental Consent for Child's Referral to Language Class

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. The SLT has completed the SEB Rating scale with me (pp 4-5 of this form)	

* The composition and role of the Admissions Advisory Committee are set out in the school's SSLD Class Policy.

Signed:(Parent / Guardian)	 (Parent / Guardian)	
Date:		
Referrer's signature: Date:		
Speech & Language Therapy His	story	
Currently attending speech and langu	age therapy at:	
Name of SLT:		
He/she attended for most recent asse	essment 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. Individual:Group:					
He/she has significant difficul	ty with:				
Receptive Language		Speech			
Expressive Language		Pragmatic Lang / Social Communication			
Language (s) spoken at home	:				
Current educational place	ement and recent p	osychological assessn	<u>nent</u>		
Name of current teacher & cla	ass level:				
Name & Tel. number of current school:					
Most recent psychological assessment (date):					
Psychologist's name & contact details:					
Other professionals involved e.g. OT, ENT Consultant, Audiologist, CAMHS					
Name and contact details of other professionals involved:					
Other Relevant Referral Information not contained in reports:					

Social, Emotional and Behavioural Rating Scale

(To be com	pleted by the speech and lan	iguage therapist and parer	nt together)
Child's name:		D.O.B:	Age
Completed by:	(Parent) _	(SLT)	Date:
	ent below please circle the o to the child: generally the cas	• •	
	Circle one response of	only per statement.	
	<u>Soci</u>	<u>al</u>	
1. The child is includ	ed by peers in interactions, e	.g. games, invited to partie	es etc.
Generally	Sometimes	Rarely	
2. The child initiates telling news, recoun	appropriate verbal interaction ting stories.	ons with familiar listeners,	e.g. conversations
Generally	Sometimes	Rarely	
3. The child is able to	o join in and play with peers t	o an age-appropriate leve	l.
Generally	Sometimes	Rarely	
4. The child withdra	ws from interactions with pe	ers.	
Generally	Sometimes	Rarely	
	<u>Emoti</u>	<u>onal</u>	
1. The child presents	s as confident in familiar setti	ngs.	
Generally	Sometimes	Rarely	
2. The child can resc	olve conflicts and negotiate w	ith peers to an age-approp	oriate 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 he cannot get his message across.

Generally Sometimes Rarely

Behavioural

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

Thank you for completing this form.

A copy of this form will be retained on the child's HSE SLT file.