



## Stapolin Educate Together National School

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

**School Roll Number: 20519G**

**School Patron: Educate Together**

<b>Referral and Consent Form for Specific Speech and Language Disorder (SSLD) Class.</b>
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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 8<sup>th</sup> March 2022**

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name of Parent(s)/Guardian(s):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Tel:** \_\_\_\_\_

**e-mail :** \_\_\_\_\_

**Referred by:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

\_\_\_\_\_

**e-mail :** \_\_\_\_\_

***NB: Five copies of the following documents are needed:- (Please tick each box)***

<input type="checkbox"/>	Referral and consent form, completed and signed (including SEB Rating form) <b>X 5</b>
<input type="checkbox"/>	School or Preschool Report form (including SEB Rating form) <b>X 5</b>



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 difficulty with:

Receptive Language		Speech	
Expressive Language		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: \_\_\_\_\_

### **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:**

\_\_\_\_\_

\_\_\_\_\_



