

*Stapolin Educate Together N.S.  
Myrtle Rd,  
The Coast,  
Dublin 13  
D13 PP2W*



*St. Marnock's N.S.,  
Strand Road,  
Portmarnock,  
Co. Dublin*

Website: [www.stmarnocksns.ie](http://www.stmarnocksns.ie)    Tel. No: 01- 8462060    Roll No.: 10296G  
Email: [stmarnocksns@gmail.com](mailto:stmarnocksns@gmail.com)

Website: [www.stapolinetns.ie](http://www.stapolinetns.ie)    Tel No: 01 5241618    Roll No:  
**Referral and Consent Form for Developmental Language  
Disorder/Speech Sound Disorder (DLD/SSD) Class.**

20519G    Email: [info@stapolinetns.ie](mailto:info@stapolinetns.ie)

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

Ms. Sinéad Trimble, (Principal, St Marnocks NS)

Or

Ms Clodagh Farrell, (Principal, Stapolin ETNS)

Via

Jotform Platform available on both School websites

Opening date for applications for the school year 2026/2027 is **Monday February 2<sup>nd</sup> 2026** and the closing date for applications is: **Monday March 2<sup>nd</sup> 2026.**

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

Address: \_\_\_\_\_ Parent(s)/Guardian(s) Name & Contact details:

---



---



---



---



---



---

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

Contact Details: email & Tel: \_\_\_\_\_

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

\_\_\_\_\_

**NB: Please upload one copy of each of the following documents: - (Please tick each box)**

	Referral and consent form, completed and signed (including SEB Rating form)
	School or Preschool Report form (including SEB Rating form)
	Current SLT Report
	Any other reports: eg. Psychology, OT, Audiology; CAMHS; etc.

**Parental Consent for Child's Referral to the DLD/SSD Class**

I understand that my child has a Developmental Language Disorder/Speech Sound Disorder and I give consent for the referral of my child to the Developmental Language Disorder/Speech Sound Disorder (DLD / SSD) Class in either St Marnocks NS or Stapolin ETNS .	
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 DLD/SSD Class. The SLT has completed the SEB Rating scale with me (p 4-5 of this form)	

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

**Signed:** \_\_\_\_\_  
(Parent / Guardian)

(Parent / Guardian)

**Date:** \_\_\_\_\_

\_\_\_\_\_

**Referrer's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **Speech & Language Therapy History**

Currently attending speech and language therapy at: \_\_\_\_\_

Name of SLT: \_\_\_\_\_

He/she attended for most recent 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. Individual: \_\_\_\_\_ Group: \_\_\_\_\_

He/she has significant difficulty with:

<b>Receptive Language</b>		<b>Speech</b>	
<b>Expressive Language</b>		<b>Pragmatic Lang / Social Communication</b>	

Language (s) spoken at home: \_\_\_\_\_

## **Current educational placement**

Name of current teacher & class level: \_\_\_\_\_

Name & Tel. number of current school:

\_\_\_\_\_

**Other professionals involved and any recent assessments** e.g. Psychologist, Physiotherapist, OT, ENT Consultant, Audiologist, CAMHS

Name and contact details of other professionals involved:

\_\_\_\_\_

Most recent assessment (dates): \_\_\_\_\_

**Other Relevant Referral Information not contained in reports:**

---

---

## Social, Emotional and Behavioural Rating Scale

(To be completed by the speech and language therapist and parent/guardian together)

Child's name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age \_\_\_\_\_

Completed by: \_\_\_\_\_ (Parent/Guardian) \_\_\_\_\_ (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.

**Circle one response only per statement.**

## Social

1. The child is included by peers in interactions, e.g. games, invited to parties etc.

2. The child initiates appropriate verbal interactions with familiar listeners, e.g. conversations, telling news, recounting stories.

3. The child is able to join in and play with peers to an age appropriate level.

4. The child withdraws from interactions with peers.

## Emotional

1. The child presents as confident in familiar settings.

2. The child can resolve conflicts and negotiate with peers to an age appropriate level.

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"

4. The child gets frustrated or anxious when he cannot get his message across.

## Behavioural

1. The child uses strategies to get his message across, e.g. gesture, actions or “saying it another way”.

2. When the child can't fully understand what is being said, her/he can let you know by asking you to explain again or repeat ... "huh/what?"

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.

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.

5. The child shows signs of discomfort in speaking situations e.g. muscles tensing, tearfulness, throat clearing, blanching/blushing.

**Thank you for completing this form.**

**Closing date for Applications is Monday March 2<sup>nd</sup> 2026**

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