Scoil Naomh Mearnóg,
Bóthar na Trá,
Portmearnóg,
Co. Átha Cliath



St. Marnock's N.S.,

Strand Road,

Portmarnock,

Co. Dublin

Website: www.stmarnocksns.ie Tel. No.: 01- 8462060 Roll No.: 10296G

Email: stmarnocksns@gmail.com

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:

Ms. Sinéad Trimble, Principal, St. Marnock's NS., Strand Rd., Portmarnock, Co. Dublin.

DOB:

Opening date for applications for the school year 2024/2025 is 26th January 2024 and the closing date for applications is: Friday 23rd February 2024.

Child's Name:

| Address: | | Name of Parent(s)/Carer(s) & Contact details: | |
|--------------|---|---|--|
| Referred by | : | Contact Details: email & Tel: | |
| Address: | | | |
| NB: Five cop | ies of the following documents | <u>are needed</u> :- <u>(</u> 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; Au | diology; CAMHS; etc. X 5 | |

Form A: Referral & Consent Form for Junior Language Class St. Marnock's NS. 2024

Parental Consent for Child's Referral to St. Marnock's 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 (p 4-5 of this form) | | | | | | | |
| | In the event that my child is eligible for a place in St. Marnock's NS Language Class but is not offered a place due lack of places, I consent to my child being considered for a place in Stapolin ETNS Language Class if a place is available. | | | | | | | |
| * 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 SSLD classes. | | | | | | | | |
| Sig | (Parent / Carer) (Parent / Carer) | | | | | | | |
| Da | te: | | | | | | | |
| Re | ferrer's signature: Date: | | | | | | | |
| <u>-</u> Sр | eech & Language Therapy History | | | | | | | |
| Currently attending speech and language therapy at: | | | | | | | | |
| Na | me of SLT: | _ | | | | | | |
| He/she attended for most recent assessment on: | | | | | | | | |
| Has he/she attended for therapy? Yes / No | | | | | | | | |
| He | He/she has received blocks of therapy from to | | | | | | | |

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| He/she has had a total of | _ sessions to date. In | dividual:Group: | | | | | |
|---|----------------------------------|--|-------------|--|--|--|--|
| He/she has significant difficult | y with: | | | | | | |
| Receptive Language | | Speech | | | | | |
| Expressive Language | | Pragmatic Lang / Social Communication | | | | | |
| Language (s) spoken at home: | | | | | | | |
| Current educational place | ement and recent p | osychological assessi | <u>ment</u> | | | | |
| Name of current teacher & class level: | | | | | | | |
| Name & Tel. number of current school: | | | | | | | |
| Most recent psychological assessment (date): | | | | | | | |
| Psychologist's name & contact details: | | | | | | | |
| Other professionals invol | ved e.g. OT, ENT Consulta | ant, 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 completed by the speech and language therapist and parent together)

| Child's name: | D.O.B: | Age |
|---|-------------------------------------|--|
| Completed by: | (Parent) _ | (SLT) Date: |
| | · | ne which, in your experience, applies most e, sometimes the case or <u>rarely</u> the case. |
| | Circle one response o | nly per statement. |
| 1. The child is included | Social by peers in interactions, ea | a <u>l</u> g. games, invited to parties etc. |
| Generally | Sometimes | Rarely |
| 2. The child initiates aptelling news, recounting | | ns with familiar listeners, e.g. conversations, |
| Generally | Sometimes | Rarely |
| 3. The child is able to j | oin in and play with peers t | o an age appropriate level. |
| Generally | Sometimes | Rarely |
| 4. The child withdraws | from interactions with pee | ers. |
| Generally | Sometimes | Rarely |
| | Emotio | onal Control |
| 1. The child presents a | s confident in familiar setti | ngs. |
| Generally | Sometimes | Rarely |
| 2. The child can resolv | e conflicts and negotiate wi | th peers to an age appropriate level. |
| Generally | Sometimes | Rarely |
| 3. The child's initial reafor me" | action when set a task is to | opt out' or give up, e.g. saying "it's too hard |
| Generally | Sometimes | Rarely |
| 4. The child gets frust | rated or anxious when he ca | annot get his message across. |
| Generally | Sometimes | Rarely |

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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.

Closing date for Applications is Friday 23rd February 2024

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