



Application Form Special Class for Pupils with Specific Learning Disabilities (SLD)

Please read the class admission policy prior to completing this form

1. Parental Consent Form

Please use BLOCK CAPITALS

Name of Student: _____

Date of Birth: _____ PPS Number: _____

Home Address:

Telephone Number: _____

Current School: _____ Year: _____

I/We give my/our consent to the Staff of Holy Family Senior School to discuss my/our daughter/son with the relevant psychologist and the admissions committee and to pass on and/or receive copies of any relevant information, including copies of previous written psychological assessments, pertaining to the referral.

Father: _____ Mother: _____

Legal Guardian (1): _____ Legal Guardian (2): _____

Date: _____



2. Parents Information Form

**Special Class for Pupils with Specific Learning Disabilities.
Holy Family Senior School
Station Road
Ennis
Co. Clare.**

Please use BLOCK CAPITALS

Parental Questionnaire.

Child's Name: _____

Address: _____

Date of Birth: _____ PPS Number _____

Telephone Number: _____ Home

Mobile Number: _____

Name(s) of Parent(s): _____

Occupation: _____

Names and Ages of Brothers and Sisters:

School: _____

Phone Number: _____

Name of Principal: _____

Name of Class Teacher: _____

Name of Special Education Teacher (SET) (if in place):

Name of person who referred the child (if appropriate):

Please give details of all previous assessments by either speech and language therapists or psychologists.

Has your child received any of the following services?

Speech & Language Therapy:	Yes/No	_____
Psychological Assessment:	Yes/No	_____
Occupational Therapy:	Yes/No	_____
Physiotherapy:	Yes/No	_____
Social Worker:	Yes/No	_____
Paediatrician:	Yes/No	_____
Child Psychiatrist:	Yes/No	_____

Does the child display any challenging behaviour or is he/she hard to manage in any situation?

Please describe how your child relates to other children:

What are the child's main interests/pastimes?

- a. _____
- b. _____
- c. _____
- d. _____

If the child is in school and is receiving or has received support from a SET teacher, please give the following details:

In what areas is support or additional tuition being received?

How long has the child been receiving this support?

Who is providing the support?

If the child has ever repeated a year at school, please give details:

Does the child require much assistance with homework? Yes No

Does the child spend much time reading for leisure? Yes No

Please place a tick under the appropriate heading:

	Serious Problem	Mild Problem	Not a Problem
Oral Ability:			
Reading:			
Spelling:			
Written Ability:			
Mathematics:			
Handwriting:			

The following statements are of opposite ends of a five-point scale. Please select the point along the scale which best describes the child and draw a ring around the X at that point.

Works extremely hard	X X X X X	Makes very little effort
Very keen to succeed	X X X X X	Little interest in school success
Very careful with homework	X X X X X	Little care taken with homework
Determined not to give up even When faced with difficult tasks	X X X X X	Gives up easily when faced with difficulty
Always attempts to complete homework	X X X X X	Avoids doing homework whenever possible

Please use this space to provide any further information that you consider may be relevant.
Please describe your child's main difficulty at present:

Do you have other concerns about your child?

Signature of Parent who completed the form: _____

Date: _____

Please return the completed form to the following address at your earliest convenience:

Sarah Barnes, Principal, Holy Family Senior School, Station Road, Ennis, Co. Clare. V95 TF67.



3. School Report form

Special Class for Students with Specific Learning Disabilities.

**Holy Family Senior School,
Station Road,
Ennis,
Co. Clare.**

Please use BLOCK CAPITALS

Child's Name: _____

Address: _____

To be completed by the Teacher.

Dear Teacher,

In order to evaluate the suitability of a placement in the special class it is important that the fullest possible information on the child be available. It would be appreciated, therefore, if you would kindly complete this form and return it to the address below, at your earliest convenience.

Name: Sarah Barnes, Principal.

Address; Holy Family Senior School,
Station Road,
Ennis,
Co. Clare.
V95 TF67.

Name of Class Teacher: _____

Name of SET : _____
Stage on the Continuum of Support _____
(Classroom Support, School Support,
School Support Plus)

Class: _____

Name of Principal: _____

School: _____

School Phone Number: _____

If the child is receiving SET support, please give the following details:

In what areas is additional tuition being received?

How long has the child been receiving this help? _____

Please rate the child's attendance at school under one of the following headings:

Excellent _____ Good _____ Poor _____

Please indicate (√) the child's level of performance in each of the following areas:

	Excellent	V. Good	Good	Fair	Weak	V. Weak
Listening Comprehension						
Attentional Skills						
Sentence Formation						
Grammatical Correctness						
Vocabulary						
Fluency of Speech						
Pronunciation						
Reading – Decoding						
- Comprehension						
Mathematics						
Motor Co-ordination						

Please give the results of any standardised ability or attainment tests, which were administered at school.

Test Name	Date Administered	Results

How well is the child coping with the academic demands of the class in which he/she is currently placed?

How would you describe the child's level of motivation?

- Is he/she
- a). pleased when he/she succeeds with tasks
 - b). interested but inattentive
 - c). uninterested and inattentive
 - d). disruptive

Give details:

- Is he/she
- a). capable of working independently
 - b). capable of working with extra help from teacher
 - c). difficult to engage in the learning process even with extra help

Give details:

- Is he/she
- a). pleased when he/she succeeds with tasks
 - b). aware of success but unable to achieve
 - c). unaware of success
 - d). unaware and uninterested in succeeding

Give details:

Does the child display any behaviour or conduct problems at school?

How well does the child relate to other children?

In the Classroom - is he/she

- a). interested in other children and hence tries to fit in
- b). co-operative with other children
- c). uninterested in other children - preferring own company?

In the classroom -

- d). is the child's interaction with the other children - age appropriate?
- e). is the child's interaction with teacher age appropriate?

Give details:

In the yard/playground: is he/she

- a). interested in other children, trying to fit in
- b). co-operative with other children
- c). uninterested in others – preferring own company?
- d). is the child's interaction with other children age appropriate?

Signature of Teacher who completed the form: _____

Date: _____

If you have any queries, contact:

**Sarah Barnes, Principal, Holy Family Senior School, Ennis,
Co. Clare. V95 TF67.**

Telephone: 065/6828893 daily from 9 a.m. to 2.45 p.m.