**REFERRAL for LANGUAGE CLASS PLACEMENT for 2025/26**

**APPLICATON CLOSING DATE**

**27th February 2025 at 12pm**

**To ensure that all prospective referral agents receive this pack, would you kindly forward it on to your staff / colleagues. Those not already on our email list but who wish to receive the pack directly from us next year may send a request by email to the school (**[**school@goodshepherd.ie**](mailto:school@goodshepherd.ie)**)**

**Thank you.**

Dear Colleague/s,

The closing date for referrals to our Language Classes is fast approaching. We are therefore making contact and include our key guidelines and points of information which we hope you find helpful.

Referrals to the Language Classes are accepted from Speech & Language Therapists and Psychologists. We do not accept referrals from parents.

4 copies of each referral application should be directed with a covering letter in writing, to:-

**Ms. Órlaith Veale,**

**Principal,**

**Good Shepherd National School,**

**Whitehall Road,**

**Dublin 14.**

Referral reports will be promptly circulated to members of the Admissions Advisory Committee (AAC).

Successful applicants will be informed prior to 21st March 2025.

**CRITERIA for ADMISSION**

Children referred for Language Class placement consideration should meet the following criteria as per DES Circular 38/07:

1. The child’s non-verbal / performance ability must be **of 90 or above** as identified by a psychologist on a standardised cognitive assessment within the last **2 years**.
2. Using a recognised standardised test, a speech and language therapist must identify that within the last 6 months, the child’s

* Performance on a standardised test of language development is at -2SD or more in one or more of the main areas of language development

and/or

* Performance on a standardised test of speech development at is - 2SD or more

1. The child’s speech/language difficulties **must not be attributable** to –

* Primary Emotional Behavioural Disorder
* Primary physical disability
* Primary hearing disability (hearing threshold for speech-related frequencies should be 40dB)
* Please note children who have been diagnosed as being autistic are not eligible for placement in this class.

4. The child **should not** present with emotional / behavioural problems of a degree that might impact negatively on the effective functioning of the class.

5. The speech and language therapist initiating or involved in the referral should be satisfied that

* The child has **attended a minimum of 6** sessions (one-to-one speech & language therapy) within **9 months** of the closing date for referrals.
* The child must be at **least 4 years of age on/before 1st April in the enrolment year.**
* The child **must live/receive HSE funded therapy within the designated catchment area of the HSE Dublin South East, Dublin South, and areas of Dublin South Central, Dublin West and Dublin South West within the geographical confines of the M50 (south of the River Liffey and within the M50).**

6. A **Psychological Report** (written **within 2 years of the closing date)** detailing a comprehensive assessment of intellectual ability. This report must include the pupil’s:

* Non-verbal performance ability (**must be** **of 90 or above)**
* Percentile ranks achieved
* Index scores etc. of assessments
* Interpretation of the child’s presentation
* Confirm a Language Class setting would best meet the needs of the child

(Referral agents **MUST** ensure that all above information is included in the submitted psychological reports. If missing the application is incomplete and cannot be considered)

1. **A Speech & Language Therapy Report** (written **within 3 months of referral date**) confirms a diagnosis of DLD/Developmental Language Disorder (may include severe phonological speech disorder).
2. All reports (including certified translated reports, where applicable) must provide all of the required information detailed above.

**REFERRALS MUST INCLUDE:**

1. Completed Parent Consent Form (see attached).
2. Completed **Referral to Language Class** **form** (see attached).
3. A **Psychology Report**, completed within 2 years of closing date. (See point 6 on previous page)
4. **Speech & Language Therapy Report** (written within 3 months of referral date) confirming a diagnosis of DLD/Developmental Language Disorder (may include severe phonological speech disorder).

The SLT report must include:

* Case History summary including any family history of speech, language or learning difficulties; information on any other developmental difficulty e.g. hearing; motor coordination etc.

*(Please ensure all reviews are up-to-date and if onward referrals are needed they are made prior to Language Class referral e.g. ENT, OT.)*

* Specific information re children who are bi/multilingual (e.g. languages used, in what contexts).

If appropriate, clinical judgment should be described as to differential diagnosis between second language learning and a DLD. (Please see the relevant IASLT Guidelines 2016)

* Brief summary of the child’s educational history and the impact of the language/communication difficulties on his/her ability to access the curriculum effectively. Please also detail any supports already in place (e.g. support teacher/ SNA).
* Brief history of the child’s speech & language therapy to date. Include previous assessments (basic results), key areas of therapy focus, the level/nature of parental involvement and outcomes over time.
* The child’s current profile including most recent\*standardised assessment results of receptive and expressive language development and of speech if relevant. (\*assessed within the last 6 months). Subtest scores, index scores, percentile ranks, and the confidence interval used, should be included.

In the case of pragmatic/social language skills, use a checklist if possible and briefly describe key areas.

* Where relevant, indicate the severity of the child’s speech challenges i.e. current level of intelligibility, phonological system, oral-motor functioning as relevant. A short transcription can also be very helpful.
* Briefly describe the impact of the DLD on the child’s functional communication and emotional/ social development. Give clear, objective, real-life examples e.g. daily communication with family, peers.
* **Diagnosis and Recommendations**: The child’s current diagnosis should be clearly stated along with recommendations as to the need for placement in Language Class based on severity and impact.

Please also include any **co-occurring disorders/needs** (see IASLT Position Paper on DLD (2017)).

1. **2 completed Social and Emotional Behavioural Rating scales**- 1 for home; and 1 for either pre-school/ school where applicable
2. A copy of the child’s **most recent school report** (where applicable)
3. **Other Reports** if relevant (e.g. OT, Audiology, ENT). Enclose up-to-date copies with parental consent.

There is no guarantee that a child referred to our school will secure a Language Class place. The number of places available each year is limited, and each child referred is usually one of many to be considered. Should you have any queries, please do not hesitate to contact us.

**Órlaith Veale**

School Principal

**Parental Consent to Child’s Referral to Language Class**

Please tick

|  |  |
| --- | --- |
| I understand that my child has a Developmental Language Disorder. This may or may not include a significant speech disorder. |  |
| I give consent for the referral of my child to Language Class  (Language Class is also known as “SSLD / Specific Speech & 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 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 Language Class. |  |
| I am happy for my child to be referred to Language Class in Good Shepherd NS, Churchtown, Dublin 14. |  |

The **\***Admissions Advisory Committee\* is made up of the School Principal, an Educational Psychologist, the local Speech and Language Therapy Manager, SEN co-ordinator, Language Class Teacher/s and Language Class Speech and Language Therapists.

It is the responsibility of this Committee to consider, discuss, prioritise and decide upon which children are selected for placement in the Language classes.

**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Parent / Guardian*) *(Parent / Guardian)*

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

**Referrer’s signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Referral to Language Class Form**

Please complete and submit it with the required supporting documentation

**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PPS** **no**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Name Parent**(**s**) **Carer**(**s**)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Contact Details: email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I have included  ***5 copies of the following documents are needed***

**Please tick:**

|  |  |
| --- | --- |
|  | Completed referral form |
|  | Completed Parent Consent form |
|  | Completed Parent SEB Rating form |
|  | Completed School or Preschool Teacher’s SEB Rating form |
|  | Completed Parent Consent form for school/ pre-school |
|  | A copy of the child’s most recent school report |
|  | Current SLT Report |
|  | Recent Psychological Assessment Report |
|  | Any other relevant report/s about this child (please specify): |

**SPEECH & LANGUAGE THERAPY HISTORY**

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

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

This child attended for 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 \_\_\_\_\_\_\_\_\_\_\_\_ one to one sessions to date.

Other forms of SLT Intervention (eg Parent Power, Language for Living): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Receptive Language** |  |
| **Expressive Language** |  |
| **Speech** |  |
| **Pragmatic Lang / Social Communication** |  |

He/She has significant difficulty with:

*Please tick relevant area/s >*

Language/s spoken at home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CURRENT EDUCATIONAL PLACEMENT**

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

Name & Tel. number of current school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECENT PSYCHOLOGICAL ASSESSMENT**

Date of most recent psychological assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Psychologist’s name & contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**🟉 Psychological Assessment report: enclosed 🞎** (Please tick)

**OTHER PROFESSIONALS INVOLVED** (e.g. OT, ENT Consultant, Audiologist, CAMHS)

Name and contact details –

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***SEB Rating Form-Parents’ Version***

**Social, Emotional and Behavioural Rating Scale**

***\*****To be completed by Parent/Guardian and Speech & Language therapist together.*

## Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_

***\**Completed by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For each statement below, please circle the one which, in your experience, applies best 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.**

Generally Sometimes Rarely

**2. The child initiates appropriate verbal interactions with familiar listeners**

*e.g. conversations, telling news, recounting stories.*

Generally Sometimes Rarely

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

Generally Sometimes Rarely

**4. The child communicates well with peers.**

Generally Sometimes Rarely

**Emotion**a**l**

**1. The child presents as confident in familiar settings.**

Generally Sometimes Rarely

**2. The child can resolve conflicts & negotiate with peers at age appropriate level.**

Generally Sometimes Rarely

**3. The child’s initial reaction when set a task is to try their best**

*e.g. does not say “it’s too hard for me”*

Generally Sometimes Rarely

**4. The child remains calm and contented even when they cannot get his/her message across.**

Generally Sometimes Rarely

***SEB Rating Form contin.-Parents’ Version***

**Behavioural**

**1. The child uses strategies to get his/her message across**

*e.g. gestures, uses actions, shows you or tries to “say it another way”.*

Generally Sometimes Rarely

**2. When the child can’t fully understand what is being said, s/he can let you know**

*e.g. by asking you to repeat, or to explain; or by saying, for example, “huh/what?”*

Generally Sometimes Rarely

**3. The child demonstrates age appropriate interactive/pragmatic language skills**

*e.g. appropriate degree of vocal volume, turn taking, eye contact;*

*e.g. using a communication manner, tone, form of language appropriate to the situation & people involved.*

Generally Sometimes Rarely

**4. The child appears unphased when s/he has difficulty understanding what is being said**

**or has difficulty expressing what s/he wants to say:**

*e.g. does not become embarrassed or withdrawn, act out, behave aggressively, have tantrums.*

Generally Sometimes Rarely

**5. The child is at ease in speaking out**

*e.g. does not blanch/blush, throat clear, muscles tense, tearfulness*

Generally Sometimes Rarely

Please add any additional comment/s you feel are appropriate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for completing this form.**

**Pre-SCHOOL (If applicable)**

**Referral to Language Class**

*Teaching staff involved with the child are requested to fill out the following report Social Emotional Behavioural Rating Scale as accurately as possible. Thank you.*

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**Parent Consent to Teacher’s Completion of Pre-School Report**

**Parental Consent**

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent / Carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that this report is being completed to support my child’s application for Language Class place.

From discussion with my child’s Speech & Language Therapist and Class teacher, and from my child’s psychological assessment, I understand why Language Class placement would benefit my child.

I / We , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , hereby give my / our consent to have this form

completed for my / our child by his/her class teacher.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRE-SCHOOL**

for Referral to Language Class

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Pre-school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pre-school Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long have you known this child? \_\_\_\_\_\_\_\_\_\_\_\_\_

How many pupils are currently in his/her class? \_\_\_\_\_\_\_\_\_\_\_\_ Age Range of Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On the pages overleaf, please fill in the boxes using the rating scale outlined.

***SEB Rating Form:Pre-School Version***

**Social, Emotional and Behavioural Rating Scale**

*To be completed by the Pre-School Staff working with the child*

## Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_

**Completed by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Teacher/s) **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*NB For any items you have not directly observed, please complete in consultation with the parents*

For each statement below, please circle the one which, in your experience, applies best 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.**

Generally Sometimes Rarely

**2. The child initiates appropriate verbal interactions with familiar listeners**

*e.g. conversations, telling news, recounting stories.*

Generally Sometimes Rarely

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

Generally Sometimes Rarely

**4. The child communicates well with peers.**

Generally Sometimes Rarely

**Emotion**a**l**

**1. The child presents as confident in familiar settings.**

Generally Sometimes Rarely

**2. The child can resolve conflicts & negotiate with peers at age appropriate level.**

Generally Sometimes Rarely

**3. The child’s initial reaction when set a task is to try their best**

*e.g. does not say “it’s too hard for me”*

Generally Sometimes Rarely

**4. The child remains calm and contented even when they cannot get his/her message across.**

Generally Sometimes Rarely

***SEB Rating Form contin.-Pre-School Version***

**Behavioural**

**1. The child uses strategies to get his/her message across**

*e.g. gestures, uses actions, shows you or tries to “say it another way”.*

Generally Sometimes Rarely

**2. When the child can’t fully understand what is being said, s/he can let you know**

*e.g. by asking you to repeat, or to explain; or by saying, for example, “huh/what?”*

Generally Sometimes Rarely

**3. The child demonstrates age appropriate interactive/pragmatic language skills**

*e.g. appropriate degree of vocal volume, turn taking, eye contact;*

*e.g. using a communication manner, tone, form of language appropriate to the situation & people involved.*

Generally Sometimes Rarely

**4. The child appears unphased when s/he has difficulty understanding what is being said**

**or has difficulty expressing what s/he wants to say:**

*e.g. does not become embarrassed or withdrawn, act out, behave aggressively, have tantrums.*

Generally Sometimes Rarely

**5. The child is at ease in speaking out**

*e.g. does not blanch/blush, throat clear, muscles tense, tearfulness*

Generally Sometimes Rarely

|  |
| --- |
| Any additional comment you may wish to add: |

***Thank you for completing this form.***

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*Please tick to confirm that all parts of this report are complete and sign below:*

Parental Consent Preschool Class Teacher Report SEB Rating Scale

Preschool Teacher’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preschool Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**SCHOOL**

**Referral to Language Class**

*Teaching staff involved with the child are requested to fill out the following Social Emotional Behavioural Rating Scale as accurately as possible. Please attach the most recent school report with this form. Thank you.*

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**Parent Consent to Teacher’s Completion & Submission of School Report**

**Parental Consent**

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent / Carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that this referral form is used to support my child’s application for a place in Language Class.

I understand from discussion with my child’s Speech & Language Therapist and Class teacher, and from my child’s psychological assessment, why Language Class placement would benefit my child.

I / We , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , hereby give my / our consent to have this form completed for my / our child by his/her class teacher.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOOL REPORT**

for Referral to Language Class

Name of Pupil: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Tel No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name of Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Roll No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long have you known this child? \_\_\_\_\_\_\_\_\_\_\_\_\_

How many pupils are currently in his/her class? \_\_\_\_\_\_\_\_\_\_\_\_ Age Range of Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has this child repeated a class?: YES / NO If ‘Yes’, please state reason/s why -

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please include the school report from the previous academic year.**

[

**Additional Support**

Does the child receive support teaching? YES / NO (please circle)

If so please specify type of support (e.g. in-class support / withdrawal on individual or group basis) -

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of days s/he receives support teaching: \_\_\_\_\_\_\_\_\_ Total support teaching hours/week: \_\_\_\_\_\_\_\_\_

**Assessment Results**

Give details of any recent standardised tests administered by the class teacher or support teacher.

(e.g. reading, maths, spellings etc.)

|  |  |  |
| --- | --- | --- |
| **Date of test** | **Name of test** | **Results** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

***Thank you for completing this page.***

***SEB Rating Form- School Version***

**Social, Emotional and Behavioural Rating Scale**

*To be completed by the Teacher/s working with the child*

*NB For any items you have not directly observed, please complete in consultation with the parents*

## Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_

**Completed by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Teacher/s) **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For each statement below, please circle the one which, in your experience, applies best 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.**

Generally Sometimes Rarely

**2. The child initiates appropriate verbal interactions with familiar listeners**

*e.g. conversations, telling news, recounting stories.*

Generally Sometimes Rarely

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

Generally Sometimes Rarely

**4. The child communicates well with peers**

Generally Sometimes Rarely

**Emotional**

**1. The child presents as confident in familiar settings.**

Generally Sometimes Rarely

**2. The child can resolve conflicts & negotiate with peers at age appropriate level.**

Generally Sometimes Rarely

**3. The child’s initial reaction when set a task is to try their best**

*e.g. does not say “it’s too hard for me”*

Generally Sometimes Rarely

**4. The child remains calm and contented even when they cannot get his/her message across.**

Generally Sometimes Rarely

***School Teacher/s : SEB Rating Form contd.***

**Behavioural**

**1. The child uses strategies to get his/her message across**

*e.g. gestures, uses actions, shows you or tries to “say it another way”.*

Generally Sometimes Rarely

**2. When the child can’t fully understand what is being said, s/he can let you know**

*e.g. by asking you to repeat, or to explain; or by saying, for example, “huh/what?”*

Generally Sometimes Rarely

**3. The child demonstrates age appropriate interactive/pragmatic language skills**

*e.g. appropriate degree of vocal volume, turn taking, eye contact;*

*e.g. using a communication manner, tone, form of language appropriate to the situation & people involved.*

Generally Sometimes Rarely

**4. The child appears unphased when s/he has difficulty understanding what is being said**

**or has difficulty expressing what s/he wants to say:**

*e.g. does not become embarrassed or withdrawn, act out, behave aggressively, have tantrums.*

Generally Sometimes Rarely

**5. The child is at ease in speaking out**

*e.g. does not blanch/blush, throat clear, muscles tense, tearfulness*

Generally Sometimes Rarely

|  |
| --- |
| Any additional comment you may wish to add: |

***Thank you for completing this form.***

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*Please tick to confirm that all parts of this report are complete and sign below:*

Parent Consent Class Teacher Support Teacher SEB Rating Scale

Class Teacher’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Support Teacher’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Principal’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_