Scoil Náisiúnta An Dea Aoire

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Churchtown, Dublin 14
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The Good Shepherd National School

REFERRAL for DLD/SSD CLASS PLACEMENT (2026/27)

APPLICATION CLOSING DATE

26th February 2026 at 12pm

Dear Colleague/s,
The closing date for referrals to our DLD/SSD 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 DLD/SSD Classes are accepted from Speech & Language Therapists. We do not accept referrals from parents.

3 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 20th March 2026.

CRITERIA for ADMISSION

DLD is a language disorder with no known associated differentiating condition that is pervasive and enduring (NCSE Criteria for Enrolment in Special Classes for children with DLD/SSD 2025).

Children referred for DLD/SSD Class placement consideration should meet the following criteria as described in the DES Circular 24/2025:

The child has a conclusive diagnosis by a Speech and Language Therapist of:

1. (a) Developmental Language Disorder where:

i.) there is evidence of significant and pervasive needs evidenced by response to intervention and assessment over time including, use of speech and language assessment tools, observation in both clinical and social environments and assessment for risk factors and clinical markers and monitoring of responsiveness to intervention

and

ii.) language scores at or below a standard score of 78 (-1.5 SD from the mean)

and/or

(b) Speech Sound Disorder (SSD) of unknown origin diagnosed by a Speech and Language Therapist where there is evidence of significant and pervasive impact of the SSD of unknown origin on learning, literacy and social relationships evidenced by response to intervention and assessment over time including, use of speech and language assessment tools and observation in both clinical and social environments.

AND

2. The child has complex or severe educational needs as a result of their DLD and/or SSD of unknown origin that are pervasive in nature and require the integrated and targeted educational and therapeutic supports of a special class for children with DLD/SSD. Supporting evidence should include:

a) Evidence that despite targeted and intensive therapeutic and educational supports, the child's DLD and/or SSD of unknown origin continues to

impact on their learning, participation, socialisation and well-being in their current educational setting.

b) Evidence of engagement with therapy input including response to and impact of intervention across impairment, functioning and participation over time through Speech and Language Therapist review.

c) Education documentation from schools or early learning and care settings including Student Support Plans and/or Access and Inclusion Profiles detailing: Regular reviews of needs as part of an ongoing cycle of assessment and review with parents and educational staff target-setting, evidence-informed intervention and review at key points.

REFERRALS MUST INCLUDE:

DLD/SSD CLASS REFERRALS MUST INCLUDE:

1. Completed 'Referral to DLD/SSD Class's form
2. Parent Consent Form
3. Speech & Language Therapy Report (written within 3 months of referral date) confirming a diagnosis of DLD/ SSD of unknown origin
4. School/Preschool report to include School Support Plans/Access and Inclusion Profile
5. A copy of the child's most recent school report
6. Completed Parent Social, Emotional and Behaviour (SEB) Rating Form
7. Completed School/Pre-school SEB Rating Form
8. All other reports relating to the child. This may include AON, psychology report, audiology report, OT report, paediatric report, CAMHS report etc.

Speech and Language Therapy Report

Speech and Language Therapist's Report should include

- Case History summary including any family history of speech, language or learning difficulties, any other developmental difficulties e.g. hearing, motor coordination or other risk factors/clinical markers for DLD. Please ensure reviews are up-to-date and that any onward referrals needed are made prior to DLD/SSD Class referral e.g. ENT, OT.

- Specific information in the case of children who are bi/multilingual (e.g. languages used, for how long, in what contexts). If relevant, clinical judgment should be described as to differential diagnosis between second language learning and a DLD/SSD of unknown origin. (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 or progress with the curriculum effectively. Please also detail any support needs including any support provision already in place (e.g. support teacher/ SNA).
- Summary of speech and language therapy input and interventions including dates, target areas and outcomes in relation to supporting the diagnosis.
- Longitudinal speech and language assessments and/or intervention identifying need over time. Assessment over time should include formal assessment tools and observation in both clinical and social environments.
- The child's current profile including most recent*standardised assessment results of receptive and expressive language development and of speech if relevant. (*assessed within 6 months of application deadline). 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.
- Description of the significant functional impact of the child's DLD/SSD of unknown origin on their learning, literacy, communication, social and emotional development, regulation and behaviour and overall well-being across contexts (i.e. home, school, peers).
- Evidence of engagement with therapy input including response to and impact of intervention across impairment, functioning and participation within the previous 9-12 months prior to the application deadline.
- 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.

- Diagnosis and Recommendations: The child's current diagnosis should be clearly stated along with recommendations as to the need for placement in DLD/SSD Class based on severity and impact.
- include information regarding any co-occurring disorders/needs (see IASLT Position Paper on DLD (2017)) and the impact of these on the child's participation and engagement in learning and socialisation in the current educational context.
- Confirmation that the recommendation for referral to special class for DLD/SSD of unknown origin has been discussed with school and parents and, as appropriate, with the child

School/Preschool Report

School/Preschool Teacher's Report should include

- The impact of the child's DLD/SSD on his/her educational progress and social and emotional development. It should also include any educational supports, approaches, strategies and/or interventions that have been implemented for the child in their classroom or across the school day specifically within the last 9-12 months. This should include collaboration with professionals e.g. psychology, SLT, OT etc.as well as additional educational support such as access to SNA support or assistive technology.
- The aim, content, timeframe and review of this evidence informed educational supports, approaches, strategies and/or interventions to date.
- Outline of regular review of the child's educational needs as part of an ongoing cycle of support and review with parents, educational staff and the child within the last 9-12 months.
- Description of the functional impact of the child's DLD/SSD of unknown origin on their learning, literacy, communication, social and emotional development, regulation and behaviour and overall well-being across educational contexts (i.e. yard, classroom, peer relationships).

There is no guarantee that a child referred to our school will secure a DLD/SSD place as places available annually are limited. to be considered. Should you have any queries, please Ms. Veale through the office school@goodshepherd.ie

APPENDICES for the ADMISSION POLICY for DEVELOPMENTAL LANGUAGE DISORDER (DLD) / SPEECH SOUND DISORDER (SSD) CLASS

Appendix A link to Department of Education DLD/ SSD of unknown origin Language Class matrix

https://www.gov.ie/en/department-of-education/publications/special-classes-for-children-with-developmental-language-disorder-dld-or-speech-sound-disorder-ssd/

Appendix B Link to GSNS Referral Pack documents for SLTs (including rating scales etc.)

https://www.goodshepherd.ie/web/application_forms/649857

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

Please tick

I understand that my child has a Developmental Language Disorder and/or Speech Sound Disorder of unknown origin.	
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 understand what a DLD/SSD Class is and that I will have an important role to play should my child be offered a place in DLD/SSD Class.	
I consent to my child being referred to DLD/SSD Class in Good Shepherd NS, Churchtown, Dublin 14.	

The *Admissions Advisory Committee* is made up of the School Principal, the local Speech and Language Therapy Manager, SEN co-ordinator, DLD/SSD Class Teacher/s and DLD/SSD Class Speech and Language Therapists. The school's educational psychologist (NEPS) and/or SENO may attend the Admissions Committee meeting in an advisory capacity.

It is the responsibility of this Committee to consider, discuss, prioritise and decide upon which children are selected for placement in the DLD/SSD Classes.

Child's Name: _____ **Date of Birth**: _____

Signed: _____ _____

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

Date: _____ _____

Referring SLTs signature: _____

Date: _____

Referral to DLD/SSD Class Form

This form must be submitted along with all other required supporting documents.

A. Child's Information

Child's Full Name _____

Date of Birth _____

PPS No. _____

Child's Address _____

_____

Language(s) spoken at home _____

B. Current Educational Details

Current School/Pre-school _____

Current Class /Year Level _____

C. Parent/Carer Contact Information

	Parent/Carer 1	Parent/Carer 2
Full Name(s)	_____	_____
Email	_____	_____
Telephone Number	_____	_____

D. Referral Information

Referred By (Name/Organisation) _____

Referral Address _____

Contact Email _____

Contact Telephone _____

E. Speech & Language Therapy (SLT) History

Currently attending SLT at:	
Name of SLT (Speech & Language Therapist):	
Initial Assessment Date:	
Has he/she attended for therapy?	**Yes / No**
Number Sessions to Date (One-to-one):	
Number Sessions to Date (Group):	
Number Sessions to Date (Other Consultations):	
Description of Other Consultations:	

He/She has significant difficulty with: (Please tick ✓all areas that apply):

	Receptive Language (Understanding)
	Expressive Language (Speaking)
	Speech (Articulation/Pronunciation)
	Pragmatic Language / Social Communication

F. Current Educational Placement

Name of current teacher: _____

Name & Tel. number of current school/pre-school: _____

G. Other Professionals Involved

Please list all other professionals currently involved (e.g., Psychologist, Occupational Therapist, ENT Consultant, Audiologist, CAMHS).

Professional (Name, Title, Organisation)	Contact Details (Tel/Email)

H. Required Documentation Checklist

Please confirm the following documents are included (<u>3 copies</u> of each):

Please Tick (✓)	Document Name
	NCSE Letter of Eligibility
	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 (Speech and Language Therapy) Report
	Any other relevant report/s about this child (please specify below):

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:** _____

Read each statement below. Circle the response which best captures your 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

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 <u>appears unphased</u> 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.

School/Preschool Form
Referral to DLD/SSD Class

Teaching staff/Preschool staff currently working with the child are requested to fill out the following report Social Emotional Behavioural Rating Scale as accurately as possible. Thank you.

Parent Consent to Teacher's Completion of School/Preschool Report

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 DLD/SSD Class place.

From discussion with my child's Speech & Language Therapist and class teacher I understand why DLD/SSD 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/PRESCHOOL INFORMATION FOR DLD/SSD CLASS REFERRAL

Name of Child: _____

D.O.B: _____

Name of School/Preschool: _____

School/Preschool Address: _____

Tel No. _____

Name of Teacher: _____

How long have you known this child? _____

How many children are currently in his/her class? _____

Age Range of Class: _____

For Primary School applicants: Has this child repeated a class?: YES / NO (Circle) If 'Yes', which class? Why?

_____

Additional Support

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

No. of days s/he receives support teaching: ____Total support teaching hours/week: ____

If applicable please specify type of support (in-class support; withdrawal (individual/ group)

_____

Assessment Results

Give results of any standardised tests administered by the class/ support teacher (e.g. reading, maths, spelling etc. within last year)

Date of test	Name of test	Results

This confirms the school's support for a DLD/SSD class application for _____.
The school has included the following completed documents to support the application.

School report from last academic year is included (Previous year's report).	
Class Teacher Report (Current teacher's report supporting the application).	
SEB Rating Scale (Completed Social, Emotional, and Behavioural scale).	

_____ _____

Teacher Principal/ Pre-school director

Social, Emotional and Behavioural Rating Scale

(To be completed by the Class &support teacher/ Pre-School staff working with the child)

Child's name: _____ **D.O.B:** _____

Age: _____

***Completed by:** _____ **Date:** _____

Read each statement below. Circle the response which best captures your child:

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****Circle one response only per statement****

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_____

_____

_____

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