



# Solas Chríost National School

Belgard, Tallaght, Dublin 24.  
Phone / Fax: 01 451 7134  
Email: [solaschriost@gmail.com](mailto:solaschriost@gmail.com)  
[www.solaschriost.ie](http://www.solaschriost.ie)

Principal: Edward Kelly

Roll No: 19541P

October 2022

## Speech and Language Class Referral Pack - Information Letter

To whom it may concern,

Please find enclosed a copy of the Referral Pack for enrolment into the school's (Junior and Senior) Speech and Language classes for the 2023/24 academic year.

The child should have completed a course of speech and language therapy, with a speech and language therapist, for a minimum of six sessions. The full list of criteria for enrolment into the class is set out in the school's Speech and Language Class Enrolment Policy (enclosed). All criteria must be adhered to when referring a child.

The referral pack includes:

1. Cover Letter form Principal
2. Information for Speech and Language Therapist referring clients to Speech and Language Classes in the Dublin South West Area.
3. Parent/Guardian Consent Form.
4. Speech and Language Class Referral Form.
5. School Report Form (including Social, Emotional and Behavioural Rating Form) to be completed by the child's teacher or preschool.
6. Social, Emotional and Behavioural Rating Form for Speech and Language Therapist.
7. Solas Chríost Speech & Language Class Enrolment Policy.

The person referring is requested to submit **3 copies of all reports and forms** to Solas Chríost National School on or before Tuesday 28<sup>th</sup> February 2023.

If you have any queries please feel free to contact me or the school's Speech and Language Therapist.

Sincerely,

Edward Kelly  
Principal



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

Language Class  
Solas Christ N.S  
Belgard  
Tallaght  
Dublin 24.

HSE Speech and Language Therapy Department.  
Dublin South West

### **Information for Speech and Language Therapist referring clients to language classes in the Dublin South West Area**

Dear Therapist,

We ask that you would please refer to this letter whilst making a referral to the language class serviced by SLT Department Dublin South West. Due to high numbers of referrals and complexity of the diagnostic process we are requesting detailed information to help us in our work within the selection process (more accurately prioritise cases).

An up to date **speech and language therapy report** is required and should include the following information:

- **Full case history information:** Please include any related family history of speech, language, reading, writing or learning difficulties. If there is a history of hearing or other difficulties please ensure reviews are up to date and enclose copies of any relevant audiology/medical reports (with parental consent). Please outline any involvement or onward referral to other services. Referring SLT should make onward referrals if possible prior to SSLD class referral if this is required (e.g. ENT, OT, Audiology, Primary Care Psychology).
- Further specific information in the case of **children who are bi/multilingual** is required (e.g. languages used, for how long, in what contexts). Clinical judgment should be described if appropriate as to differential diagnosis between second language learning and a DLD. Please see the IASLT (2016) Guidelines for SLTs Working with Linguistically Diverse Service Users.
- **Most recent Speech & Language Assessments:** Assessments must have been carried out within 9 months of deadline for referrals. Full CELF is required. RAPT should also be completed where possible (please include language sample). DEAP is required for children presenting with speech difficulties.
- **Speech & Language Therapy intervention:** State number of sessions attended, and a brief synopsis of therapy goals and progress made. A minimum of 6 therapy sessions is required. This is in line with the IASLT guidelines which recommend “watchful monitoring of progress is required to determine an accurate diagnosis of persistent impairment” (IASLT, 2007). Parental commitment and home carryover should also be included.
- A brief description of the **impact of the DLD** on functional communication, emotional/social/ behaviour development should be provided.
- **Diagnosis and Recommendations:** Provide clear recommendations as to the need for placement in SSLD Class based on severity and impact. The child’s current diagnosis should be clearly stated with a

summary of the areas of speech, language and communication difficulties. Please refer to IASLT's Position Paper (2017) Supporting Children with Developmental Language Disorder in Ireland position paper for terminology to use. Please include information on any co-occurring disorders/needs a child may present with.

Many thanks  
Caroline Crehan  
Speech and Language Therapist  
HSE Dublin South West



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## Speech and Language Class – Parent/Guardian Consent Form

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Parent / Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Has your child ever spent any time in any Specific Speech and Language Disorder Class before?

Yes  No  If 'yes' detail: \_\_\_\_\_

I / We, \_\_\_\_\_ give consent for the referral of the above child to the Speech & Language Class.

Signed Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signed Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I / We, \_\_\_\_\_ give consent to the Admissions Advisory Committee (including the National Educational Psychologist Service), of Solas Chríost NS to read any information contained in the referral reports and contact the professionals who administered or submitted reports. (This may be necessary where clarification or further information is required, by telephone or in writing).

Signed Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signed Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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## SPEECH AND LANGUAGE CLASS REFERRAL FORM

Please include the following information for referrals to the Speech & Language Class - Solas Chríost NS

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Parent / Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents email: \_\_\_\_\_

Has your child ever spent any time in any Specific Speech and Language Disorder Class before?

Yes  No  If 'yes' detail: \_\_\_\_\_

Referred by: \_\_\_\_\_ Contact Phone No: \_\_\_\_\_

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

If referred by Parent/Principal/Psychologist - Name of Speech Therapist working with child:

\_\_\_\_\_

Address of Speech & Language Therapist: \_\_\_\_\_

Details of blocks / sessions of Speech and Language Therapy received to date:

\_\_\_\_\_

\_\_\_\_\_

Date of Referral: \_\_\_\_\_

**PTO**

**Please Tick**

- Signed Parent/Guardian Consent Form
- Speech & Language Class Referral Form
- Social, Emotional & Behavioural Rating Form for Speech and Language Therapist (SLT's)
- School Report Form (including Social, Emotional & Behavioural Rating Form for Teachers)
- Most Recent School Report Card
- Certificate of Exemption from the Study of Irish (if applicable)
- Recent Speech and Language Therapy Assessment report, supporting a diagnosis of DLD (within 9 months of closing date for applications)
- Recent Cognitive Assessment report by a Psychologist (Non-verbal I.Q. of 90 or above) (within 2 years of closing date for applications)
- Evidence that child has attended an episode of speech therapy (minimum 6 sessions)
- Any other relevant reports or information about the child

**SPEECH AND LANGUAGE CLASS -  
SCHOOL / PRE-SCHOOL REPORT FORM**

**To be completed by the class teacher.**

**General Information:**

Name of Child: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Teacher: \_\_\_\_\_

Current School or Current Preschool: \_\_\_\_\_

Current Class: \_\_\_\_\_

Previous School(s) (if any): \_\_\_\_\_

**Does this child have any difficulty that may affect learning? (*Please tick*)**

	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Comment</b>
Attendance				
Behaviour in Class				
Behaviour in Playground				
Response to Correction				
Attitude to School				
Peer Relations				
Relationship with Teacher				
Motivation				
Parental Interest				

**Please comment on the following:**

Hearing	
Vision	
Social Skills	
Fine Motor Skills	
Gross Motor Skills	
Recurrent Illness	
Self-Management Skills	
Listlessness	
Over-activity	
Other	

**Is this child receiving any Learning Support/Resource Hours? Please comment.**

*(Comment can be made by Learning Support / Resource Teacher as appropriate)*

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**What support is given (if any) in the following subjects/areas?**

Maths	
English	
English as an Additional Language (E.A.L.)	



**Speech and Language:**

	Good	Fair	Poor	Comment
Attention				
Listening				
Memory				
Understanding				
Verbal Expression				
Articulation				
Fluency				
Voice ( <i>e.g. hoarse, Volume etc.</i> )				
Self-Management Skills				

**Standardised Test Scores (Most Recent of Each)**

Standardised Test	Test Date	STen	Percentile

**Does this child's difficulty:**

- A. Affect his/her relationship with peers?

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B. Affect his/her performance in class?

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C. Affect his/her behaviour?

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**Indicate needs/concerns:**

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**Indicate child's strengths:**

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**General remarks:**

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**Has the child being referred spent any time in any Specific Speech and Language Disorder Class before?**

Yes  No

If 'yes' detail: \_\_\_\_\_

**Does the child being referred have a Certificate of Exemption from the Study if Irish?**

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*(If yes, please attach certificate)*

**Please indicate Reading Scheme and book level the child is on and any supplementary readers covered.**

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**Please attach the following:**

- a copy of the child's most recent school report card and standardised test scores
- a copy of the child's individual school booklist for the current school year
- a copy of the child's School Support File

**Teacher's signature:** \_\_\_\_\_

# Social, Emotional and Behaviour Rating

To be filled in by teacher

<b>Child's Name:</b>	
<b>Date of Birth:</b>	<b>C.A.:</b>
<b>Completed by Therapist/Teacher:</b>	

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.

Mark one response only per statement. Please complete this form in consultation with the parents/guardians if there are items that you have not directly observed.

## 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 withdraws from interactions with peers.  
Generally                      Sometimes                      Rarely

## Emotional:

1. The child presents as confident in familiar settings  
Generally                      Sometimes                      Rarely
2. The child can resolve conflicts and negotiate with peers to an age appropriate level.  
Generally                      Sometimes                      Rarely
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"  
Generally                      Sometimes                      Rarely



# Social, Emotional and Behaviour Rating

To be filled in by Speech and Language Therapist

<b>Child's Name:</b>	
<b>Date of Birth:</b>	<b>C.A:</b>
<b>Completed by Therapist/Teacher:</b>	

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.

Mark one response only per statement. Please complete this form in consultation with the parents/guardians if there are items that you have not directly observed.

## Social:

- The child is included by peers in interactions, e.g. games, invited to parties etc.  
Generally                      Sometimes                      Rarely
- The child initiates appropriate verbal interactions with familiar listeners, e.g. conversations, telling news, recounting stories.  
Generally                      Sometimes                      Rarely
- The child is able to join in and play with peers to an age appropriate level.  
Generally                      Sometimes                      Rarely
- The child withdraws from interactions with peers.  
Generally                      Sometimes                      Rarely

## Emotional:

- The child presents as confident in familiar settings  
Generally                      Sometimes                      Rarely
- The child can resolve conflicts and negotiate with peers to an age appropriate level.  
Generally                      Sometimes                      Rarely
- 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"  
Generally                      Sometimes                      Rarely
- The child gets frustrated/anxious when he cannot get his/her message across.

Generally

Sometimes

Rarely

**Behaviour:**

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

Generally

Sometimes

Rarely

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

Generally

Sometimes

Rarely

8. 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

9. The child's can react in any of the following ways when he/she has difficulty understanding what is being said or has difficulty expressing him/her self: becoming embarrassed, becoming withdrawn, acting out, behaving aggressively, having tantrums.

Generally

Sometimes

Rarely

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

Generally

Sometimes

Rarely

**Please add any additional comments you feel are appropriate:**

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Thank you for completing this form.

# Solas Chríost National School

## Admission to the Specific Speech and Language Disorder Classes - Admission's Policy

(To be read in conjunction with the School Admission's Policy available on [www.solaschriost.ie](http://www.solaschriost.ie))

### Introduction

Solas Chríost National School has two Specific Speech and Language Disorder (SSLD) classes. The school has one Junior Class (for children from Junior Infant to 2<sup>nd</sup> Class level) and one Senior Class (for children from 3<sup>rd</sup> class to 6<sup>th</sup> class). Each class has a full-time teacher with a reduced pupil-teacher ratio of 7:1 as well as having designated time assigned to it by a speech and language therapist (SLT). A child must be at least 4 years of age on/before 1<sup>st</sup> September of the enrolment year. *'Eligible children may spend up to two years in such classes'* (DES circular 0038/2007). All offers of places to the class are subject to National Council for Special Education (NCSE) approval through the schools Special Educational Needs Organiser (SENO) as well as Department of Education (DES) approval.

### Terminology

The term specific speech and language disorder (SSLD), specific speech and language impairment (SSLI) and 'Developmental Language Disorder' (DLD) are used interchangeably in this document to describe a child's speech and language presentation. Heretofore known as SSLI in Ireland, the term DLD is favoured by the Irish Association of Speech and Language Therapists (IASLT, 2017) and is used in the following definition:

### Definition

*"Developmental Language Disorder' (DLD) describes "children likely to have language problems enduring into middle childhood and beyond, with a significant impact on everyday social interactions or educational progress"* (Supporting Children with Developmental Language Disorder, IASLT, 2017)

### The objectives of the language class:

1. To develop to optimal levels the child's academic and communication skills through intensive teaching and speech and language therapy.
2. To maximize parental involvement in the above process by maintaining open communication.
3. To ensure the child experiences meaningful integration within the school.
4. To maintain open communication with the school of origin/return and other professionals working with the child so that the speech and language class intervention will be of maximum benefit to the child.

### What happens in the SSLD Class?

1. Pupils follow the regular primary school curriculum to the level at which they can access it.
2. Pupils will not be taught Irish.
3. Teachers and Speech and Language Therapist (SLT) work together in the class to support the students' language learning in order that they can successfully access the curriculum. Individual goals for the student are developed together with the pupil, parent, teacher, and SLT.
4. Pupils will receive intensive group and/or one to one Speech and Language Therapy.



5. Pupils are integrated with their peers in mainstream classes for some subjects, school activities and break times.
6. Parent involvement is a key part of achieving students' goals.
7. Parents are required to attend parent-teacher meetings outside formal school hours. Meetings with the SLT may be held within school hours.

### **Criteria for Enrolment**

The criteria for enrolment in special classes for pupils with specific speech and language difficulties have been set by the Department of Education and Skills (DES) as well as local criteria as set out below:

#### DES Criteria: (Circular 0038/2007)

A pupil enrolled in a special class for pupils with SSLD should meet each of the following criteria:

1. The pupil has been assessed by a psychologist on a standardized test on intellectual ability that places non-verbal ability within the average range (i.e. non-verbal IQ of 90 or above)
2. The pupil has been assessed by a speech and language therapist on a standardized test of speech and language development that places performances in one or more of the main areas of speech and language development at two standard deviations or more below the mean or at a generally equivalent level (i.e 2 standard deviations or below, at or below a standard score of 70).
3. The pupil's difficulties are not attributable to hearing impairment; where the pupil is affected to some degree by hearing impairment, the hearing threshold for the speech-related frequencies should be 40dB.
4. Emotional and behavioural disorders or a physical disability are not considered to be primary causes. (A pupil with emotional and behavioral disorders or a physical disability (or presenting with possible emotional and behaviour disorders based on the information provided in the application) must have it stated in the child's professional reports that emotional and behavioural disorders or a physical disability have been ruled out or have it stated in the professional reports, that they are not considered the primary causes for speech and language difficulties).

#### HSE Criteria:

5. Diagnosis of Developmental Language Disorder must be established and evidence submitted that a child has attended a recent episode of speech and language therapy (minimum 6 sessions).
6. Developmental Language Disorder must be the child's primary need.

Applicants who meet the above criteria will be prioritized at the Admissions Advisory Committee (AAC) meeting using the (AAC) Priority Rating Scale for Solas Chríost NS with reference to the information provided in the child's Social, Emotional and Behavioral Rating Form and the necessary documents required for referral outlined below.

### **Referral Process**

Referral Packs including the relevant speech and language class admission's policy will be available from the first working day of November for the following school year's enrolment. Referral Forms for the correct year of referral will only be accepted. Incorrect referral form templates will be returned to the application referrer. Referrals to the SSLD class in Solas Chríost National School are accepted from speech and language therapists, psychologists, school principals or parents (in conjunction with the speech and language therapist working with the child), with the following information:

- Parent/Guardian signed consent form for the referral.
- Speech and Language referral form.
- School report detailing educational progress, behaviour, social skill and current school supports.
- Recent Speech and Language Therapy Assessment report, supporting a diagnosis of DLD (not less than 9 months old – on application closing date).
- Recent cognitive assessment report (within 2 years – of application closing date).
- Evidence that a child has attended a recent episode of speech therapy (minimum 6 sessions).

- A child's most recent school report card.
- Social, Emotional and Behavior Rating Form

It is recommended but not essential that applicants have completed one year in a recognized primary school.

The referring person is requested to send **three copies of all the reports and forms** to Solas Chríost NS on or before **the last working day of February** of the year of enrolment (Solas Chríost National School, Belgard, Tallaght, Dublin 24. D24 C621) All referral packs received are dated and stamped in the school office and one copy will be passed straight over to the school's SLT. All professionals involved in the Admissions Advisory Committee (AAC) Meeting will receive a copy of all reports two weeks in advance of that meeting.

### **Successful Candidates**

Depending on the number of places available in the Speech and Language classes and based on the outcome of the prioritization which takes place at the AAC meeting, a final list of successful candidates and a priority waiting list will be drawn up and sent to the Board of Management (BOM) for approval. All candidates will be notified of the outcome by the school principal, in writing, within 10 working days of the AAC meeting. This will be cc'd to the person who referred the child. Successful applicants who wish to accept a placement must do so in writing, within five working days. The waiting list will remain open until the 30<sup>th</sup> of September of the year of enrolment. After that the waiting list will be closed and unsuccessful applicants will have to reapply again when the application process opens for the following school year – which will follow the speech and language enrolment policy and referral process in force at the time of further applications.

### **Unsuccessful Candidates**

If an offer of a placement is declined, the next eligible child on the priority waiting list will be offered a place in the SSLD class. In line with Section 28 of the Education Act 1998, parents who are dissatisfied with an enrolment decision may appeal to the Board of Management. This appeal must be addressed, in writing, to the Chairperson of the Board, stating the grounds for the appeal, and lodged within ten days of receiving the refusal. Parents, if unhappy with the result of this appeal, may appeal to the Department of Education and Science under Section 29 of the Education Act on the official form provided by the Department. An appeal form will be issued, on request, by the school to parents/guardians. This appeal must be lodged within 42 days of receipt of the refusal from the school to enrol.

### **Concessionary Places**

In instances where there is spare capacity in a SSLD class because of an insufficient number of eligible children, the Board of Management may offer a place to a maximum of two pupils, who do not meet the eligibility criteria but who could benefit from enrolment in the class for one school year, on a concessionary basis. Such placements must be supported by the recommendation of a speech and language therapist and /or psychologist. The question of the continued enrolment of these pupils for a second year can only be considered once all eligible pupils have been accommodated. The National Council for Special Education (NCSE) through the local Special Educational Needs Organiser (SENO) will monitor such situations. A child who is offered a place through discretionary capacity may/may not be eligible to receive speech and language therapy.

### **What happens when a pupil leaves the SSLD Class?**

Decisions regarding the discharge of a student from the SSLD class, rests with the school principal, the SSLD class teachers and the SLT. A child may attend the SSLD class for up to a maximum of two years.


Placements in the SSLD class will be reviewed annually and whether or not a child is to be offered a second and final year in the class will depend on whether or not the child continues to meet all of the criteria as outlined in the 'criteria for enrolment' listed above. During a child's first year in the class, parents will be informed by the end of February whether or not their child is to be offered a second year in the class. The school team (principal, the SSLD class teachers, and the SLT) may recommend relevant onward referrals as appropriate. The school team will support families to organise a smooth transition from the SSLD Class to the child's school of origin/return.

### **Ratification of this Specific Speech and Language Disorder Classes - Enrolment Policy**

This version of the policy was adopted by the Board of Management on the 28<sup>th</sup> September 2022 and refers to enrolment to the school's speech and language classes for the August/September 2023 intake.

Signed: 

Chairperson of Board of Management

Signed: 

Principal/Secretary to the Board of Management

**Date:** 28<sup>th</sup> September 2022

**Date:** 28<sup>th</sup> September 2022