STRAWBERRY HILL NATIONAL SCHOOL

Blarney Road, Cork City.T23 RW98 Roll# 20553G ☎ 021-4396632 office@strawberryhillns.ie

Application Form 2027 2028–Early Intervention Class (Autism)

Date of application: _____

Child's Details

Child's Name_____ Date of Birth _____

Address _____ PPSN : _____

_____ Child's Position in the Family: _____

_____

Eircode _____

_____

Home Phone:

Mother's Details

Name:

Address:

Email Address

Tel. No:

Mobile No.:

Father's Details

Name:

Address:

Email Address

Tel. No:

Mobile No.:

Religion : _____ Birth Cert Received : ☐ Baptismal Cert Received : ☐

Additional Information

Has your child been diagnosed with Autism? Yes ☐ No ☐

If "yes", who conducted the assessment and when? _____

Has your child any other diagnosis of a disability? Yes ☐ No ☐

If "yes", please give details _____

Has your child a learning disability? Yes ☐ No ☐

Has your child had a Speech and Language Assessment? Yes ☐ No ☐

Has your child had an Occupational Therapy Assessment? Yes ☐ No ☐

Has your child had a sight test? Yes ☐ No ☐

Has your child had a hearing test? Yes ☐ No ☐

Your child's placement in an ASD class will be reviewed at the end of each school year. In consultation with the multi-disciplinary team the school will advise you on the future schooling needs of your child. Please note that placement in the Early Intervention Class does not entitle your child to an automatic placement in the other ASD class or the mainstream school.

Signed: Mother: _____ Father: _____

Date: Date:

OPTIONAL Information : Department of Education Database

To which ethnic or cultural background group does your child belong (please tick one)?

(Categories are taken from the Census Population)

White Irish ☐ **Irish Traveller** ☐ **Roma** ☐

Any other White Background ☐ **Black African** ☐ **Any other Black Background** ☐

Chinese ☐ **Any other Asian Background** ☐ **Other (inc. mixed background)** ☐ **No consent** ☐

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What is your child's religion?

Roman Catholic ☐ **Church of Ireland (incl. Protestant)** ☐ **Presbyterian** ☐

Methodist, Wesleyan ☐ **Jewish** ☐ **Muslim (Islamic)** ☐ **Hindu** ☐

Orthodox (Greek, Coptic, Russian) ☐ **Apostolic or Pentecostal** ☐ **Jehovah's Witness** ☐

Lutheran ☐ **Atheist** ☐ **Buddhist** ☐ **Baptist** ☐ **Agnostic** ☐

Other Religions ☐ **No Religion** ☐ **No Consent** ☐

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I consent for this information to be stored in the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other Primary School my child may transfer to during the course of their time in Primary School.

Signed: _____ *Date:* _____
Parent/Guardian

Signed: _____ *Date:* _____
Parent/Guardian

Please complete this **Application to Enrol form Early Intervention Class** and return it as soon as possible with copies of the following reports:

- An up-to-date psychological assessment, i.e. an assessment which has been carried out within the previous 12 months, which clearly specifies that your child meets the DSM V/ICD11 criteria for diagnosis with A.S.D. and a recommendation for position in an Early Intervention Class.
- Where applicable :
  - An up-to-date Speech and Language Assessment
  - An up-to-date Occupational Assessment
  - Sight and/or Hearing Tests results if available.

This fully completed Application Form will be recorded in the Application file for Early Intervention Class

Entry into this file secures a place on the list of Applicants but not a place in a class.