Tugtar faoi deara, le go ndéanfaí an Fhoirm Iarratais seo a phróiseáil tá diagnóis ag teastáil ó shíciatraí, ó shíceolaí, nó ó bhall d’Fhoireann Ildisciplíneach atá tar éis measúnú a dhéanamh ar an bpáiste agus an páiste a rangú mar pháiste a bhfuil uathachas nó Neamhord Speictream Uathuachais de réir critéir DSM-V nó ICD 10 orthu. Tá moladh d’áit i Rang Speisialta mar chuid de scoil phríomhshrutha riachtanach freisin.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **EOLAS PEARSANTA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chéad Ainm an Pháiste | | | |  | | | | | | | | | | Sloinne an Pháiste | | | | | | | | |  | | | | | | | | |
| Ainm Láir an Pháiste | | | |  | | | | | | | | | | Uimhir PSP | | | | | | | |  | | | | | | | | | |
| Cóip den Teastas Breithe ceangailte (cuir tic) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ☑ | |
| Dáta Breithe | |  | | | | | | | | | | | | Gnéas | | | | |  | | | | | | | | | | | | |
| Seoladh Baile | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Eircód (\*Riachtanach) | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Uimhir Ghutháin Bhaile | | | | | |  | | | | | | | Uimhir Póca (téacs) | | | | | | | | | | | | | |  | | | | |
| Ainm an Tuismitheora/Chaomhnóra 1: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Uimhir Póca an Tuismitheora/Chaomhnóra 1: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| R-phost an Tuismitheora/Chaomhnóra 1: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Uimhir Oibre an Tuismitheora/Chaomhnóra 1: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Ainm an Tuismitheora/Chaomhnóra 2: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Uimhir Póca an Tuismitheora/Chaomhnóra 2: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| R-phost an Tuismitheora/Chaomhnóra 2: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Uimhir Oibre an Tuismitheora/Chaomhnóra 2: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Teanga(cha) á lábhairt sa bhaile: | | | |  | | | | | | | | | | | | | | | | Náisiúntacht | | | | |  | | | | | | |
| **CUIR TIC LEIS AN gCATAGÓIR THÍOS A BHAINEANN LEIS AN IARRTHÓIR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dalta reatha na scoile | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Deartháireacha/Deirfiúracha le dalta reatha na scoile nó le hiardhalta a d’fhreastal ar an scoil. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Páiste na foirne | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Páistí gur deimhin leis an scoil gur ghnóthaigh an dalta leibhéal líofachta sa Ghaeilge agus gur dócha go rachadh an líofacht sin ar gcúl mura ligfí isteach i scoil lán-Ghaeilge é/í.\*\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Páistí go bhfuil cumas Gaeilge acu ar leibhéal a ligfeadh don pháiste feidhmiú agus foghlaim sa rang agus nach mbeadh ar dhaltaí eile iompú ar an mBéarla chun cumarsáid a dhéanamh. **Beidh ar an tuismitheoir/caomhnóir fianaise den chaighdeán seo a chur ar fáil.** Is ag an mbord bainistíochta a bheidh an cinneadh faoin gcumas seo feidhmiú trí mheán na Gaeilge sna cásanna seo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **\*Deartháireacha, deirfiúracha, leath-shiblíní, páistí altramaigh nó uchtaithe.**  **\*\*Beidh an dualgas iomlán ar thuismitheoirí/chaomhnóirí fianaise leordhóthanach a chur ar fáil chun leibhéal líofachta sa** **Ghaeilge a léiriú don bhord.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **TUAIRISCÍ MEASÚNUITHE MAR CHUID DEN IARRATAS** (Cuir tic leis an tuairiscí atá mar chuid den iarratas) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tic** | **Tuairisc Ghairmiúil** | | | | | | | | | | **Dáta na Tuairisce** | | | | | **Ainm an Duine Ghairmiúil** | | | | | | | | | | | | **Sonraí teagmhála an Duine Ghairmiúil** | | | |
|  | Tuairisc ón Síceolaí | | | | | | | | | |  | | | | |  | | | | | | | | | | | |  | | | |
|  | Tuairisc ón Síciatraí | | | | | | | | | |  | | | | |  | | | | | | | | | | | |  | | | |
|  | Tuairisc ón Teiripeoir Saothair | | | | | | | | | |  | | | | |  | | | | | | | | | | | |  | | | |
|  | Tuairisc [Urlabhra agus Teanga](https://www.tearma.ie/q/sain-neamhord%20urlabhra%20agus%20teanga/ga/) | | | | | | | | | |  | | | | |  | | | | | | | | | | | |  | | | |
|  | Tuairisc [Fhisiteiripe](https://www.tearma.ie/q/fisiteiripe/ga/) | | | | | | | | | |  | | | | |  | | | | | | | | | | | |  | | | |
|  | Tuairisc Mheasúnú ar Riachtanais | | | | | | | | | |  | | | | |  | | | | | | | | | | | |  | | | |
|  | Tuairisc ón bhFoireann [Luath-Idirghabhála](https://www.tearma.ie/q/seirbh%C3%ADs%20luath-idirghabh%C3%A1la/ga/) | | | | | | | | | |  | | | | |  | | | | | | | | | | | |  | | | |
|  | Eile: | | | | | | | | | |  | | | | |  | | | | | | | | | | | |  | | | |
| **EOLAS SLÁINTE/LEIGHIS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dochtúir Teaghlaigh: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Seoladh an Dochtúra | | |  | | | | | | | | | | | | Uimhir Ghutháin an Dochtúra | | | | | | | | |  | | | | | | | |
| Má tá aon ailéirge nó riocht sláinte (m.sh. diabéiteas, titeamas) I gceist leis an iarrthóir, tabhair na sonraí anseo. Ceangail leathanaigh eile más gá | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **FOIREANN LÍONRA MÍCHUMAIS LEANAÍ (FLMT)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ceantar FLMT | | | | |  | | | | | | | | | | | | | Príomhtheagmhálaí FLMT | | | | | | | |  | | | | | |
| Guthán FLMT | | |  | | | | | | | | | | | | R-phost FLMT | | | | | |  | | | | | | | | | | |
| An bhfuil an t-iarrthóir gníomhach leis an bhFLMT? | | | | | | | | | Tá / Níl | | | | | | Má tá, tugtar sonraí anseo: | | | | | | | | | | | | | | | | |
| ***ECCE* – SONRAÍ FAOIN RÉAMHSCOIL/SCOIL EILE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ainm na réamhscoile/scoile eile: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Seoladh na réamhscoile/scoile eile: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Ríomhphost na réamhscoile/scoile eile: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Guthán na réamhscoile/scoile eile: | | | | | | | | | |  | | | | | | | Ainm an phríomhoide/bhainisteora: | | | | | | | | | | | |  | | |
| Dáta Ionrollaithe sa scoil dheireanach: | | | | | | | | | |  | | | | | | | Dáta deireanach ar an rolla sa réamhscoil/scoil eile: | | | | | | | | | | | |  | | |
| **Rang Reatha:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nóta: Nuair atá tuismitheoir/caomhnóir ag iarraidh páiste/páistí a aistriú ó bhunscoil eile, rachaidh príomhoide Scoil Oilibhéír i dteagmháil leis an mbunscoil seo sula ndéantar an páiste a ionrollú i Scoil Oilibhéir. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please note, a diagnosis from a psychiatrist, psychologist, or a member of a Multi-Disciplinary team that has assessed and classified the child as having autism or autistic spectrum disorder according to DSM-V or ICD 10 criteria and a recommendation for a placement in a special class within a mainstream school is required for a child’s Application Form to be processed.

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| ***PERSONAL INFORMATION*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Child’s First Name* | | | | |  | | | | | | | | | | | | *Child’s Surname* | | | | | | | | | |  | | | | | | | | |
| *Child’s Middle Name* | | | | |  | | | | | | | | | | | | *PPS Number* | | | | | | | | |  | | | | | | | | | |
| *Birth Certificate attached (tick)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *☑* |
| *Date of Birth* | |  | | | | | | | | | | | | | | | *Sex* | | | | | |  | | | | | | | | | | | | |
| *Home Address* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Eircode (Required)* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Home Phone Number* | | | | | | | |  | | | | | | | | *Mobile Number (for texts)* | | | | | | | | | | | | | | |  | | | | |
| *Name of Parent/Guardian 1:* | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| *Mobile Number of Parent/Guardian 1:* | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| *Email of Parent/Guardian 1:* | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| *Work Number of Parent/Guardian 1:* | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| *Name of Parent/Guardian 2:* | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| *Mobile Number of Parent/Guardian 2:* | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| *Email of Parent/Guardian 2:* | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| *Work Number of Parent/Guardian 2:* | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| *Language(s) spoken at home* | | | | |  | | | | | | | | | | | | | | | | | | | *Nationality* | | | | |  | | | | | | |
| ***PLEASE TICK THE CATEGORY BELOW THAT APPLIES TO APPLICANT*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Current pupil of the school.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| *Sibling\* of existing and past pupils of the school.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| *Child of Staff* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| *Child who has attained a determined level of fluency in Irish which would be likely to decline if he/she is not admitted to an all-Irish school.\*\** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| *Child whose Irish language ability is at a level that would allow the child to function and learn in class and where other pupils would not have to turn to English to communicate.* ***The parent/guardian will be required to provide evidence of this standard.*** *The board of management will have the final decision in these cases.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| ***\*Brothers, sisters, half-siblings, foster or adopted siblings.***  ***\*\*The onus will be on parents/guardians to provide sufficient evidence to demonstrate to the board the required level of fluency in Irish.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***ASSESSMENT REPORTS INCLUDED WITH APPLICATION*** *(Please tick reports included)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Tick*** | ***Professional Report*** | | | | | | | | | | | | ***Date of report*** | | | | | | | | ***Name of professional*** | | | | | | | | | | | | ***Contact details of***  ***professional.*** | | |
|  | *Psychologist Report* | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | |
|  | *Psychiatrist Report* | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | |
|  | *Occupational Therapist*  *Report* | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | |
|  | *Speech and Language Report* | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | |
|  | *Physiotherapist Report* | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | |
|  | *Assessment of Need Report* | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | |
|  | *Early Intervention Team Report* | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | |
|  | *Other:* | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | |
| ***Health / Medical Information*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Family Doctor* | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Address of Doctor* | | |  | | | | | | | | | | | | | | | | *Phone Number of Doctor* | | | | | | | | |  | | | | | | | |
| *If the applicant has any allergies or medical conditions (e.g. diabetes, epilepsy) give details here. Attach extra pages if necessary* | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Child Disability Network Team (CDNT)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *CDNT area:* | | | | | | |  | | | | | | | | | | | | | | | *CDNT Primary*  *Contact Person* | | | | | | | |  | | | | | |
| *CDNT phone number* | | | |  | | | | | | | | | | | | | | | | *CDNT*  *email* | | | | |  | | | | | | | | | | |
| *Is your child active with CDNT* | | | | | | | | | | | | *YES / NO* | | | | | | | | *If yes, please give details:* | | | | | | | | | | | | | | | |
| ***ECCE – Pre-school / Previous School Details*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Name of preschool / previous school:* | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| *Address of preschool / previous school:* | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| *Email address of preschool / previous school:* | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| *Phone no of school/preschool:* | | | | | | | | | | |  | | | | | | | *Principal/Manager name:* | | | | | | | | | | | | | |  | | | |
| *Enrolment date in last school:* | | | | | | | | | | |  | | | | | | | *Last day on the role of this*  *school:* | | | | | | | | | | | | | |  | | | |
| ***Current class:*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Note: Where a parent/guardian wishes to transfer their child/children from another primary school, the*  *Principal Teacher will contact this school prior to the child being enrolled in* Scoil Oilibhéir | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |