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 |