



St. Gabriel's National School, Cowper Street, Dublin 7

Principal: Suzanne Comerford Deputy Principal: Brenda Whyte

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Application Form for the Autism Class

Please complete this form and send/email it to the school office.

Child's First Name:	Child's Surname:
Date of birth:	Nationality:
Gender:	Siblings in school:
Mother's name:	Father's name:
Email:	Email:
Mobile Number:	Mobile Number:
Address:	

Signed: _____

Date: _____

Signed: _____

Date: _____

Office use only:

Date of Receipt	Date Decision Letter Sent
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Educational History:

Has your child attended a school/playschool before now?	Yes	No
If Yes, please give details. Name, Address, Phone Number of school/playschool: How long attended:		

Support from other agencies:

Has s/he been referred to or attends any outside agencies?		If yes please give details:
Speech therapist	Yes/No	
Social worker		
Psychologist		
Occupational therapist		
Early Intervention Team		
Other specialist?		
Please attach a copy of any report that you may have from any of the above professionals.		

Social Training/Self-Help Details:

Can your child feed himself/herself unaided? Yes No If No, please give details of how much assistance he/she requires:
Please give details of how much assistance your child requires with dressing:
Please give details of your child's toileting needs:

Childhood Illnesses:

Comment (type, duration, hospitalisation etc.):			
Has s/he a problem in any of the following areas:			If yes please give details:
	Yes	No	
Sight			
Hearing			
Kidneys			
Speech			
Chest (asthma)			
Allergies			
Physical co-ordination			

Temperament			
Sociability			
Concentration			

Has s/he been referred to any clinic or specialist?

If yes, please give details:

Medication:

Is your child on any long-term medication(s)?

Yes

No

If Yes, please give details:

Will your child need medication in school?

If yes, please give details:

Any other comments relevant to the application:

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Should there be any confidential information that you do not wish to be put on this form this can be discussed with the Principal at any time.

Checklist for Application

Have you included the following with your Application Form?

- ✓ All sections of the Application Form is completed
- ✓ Birth Certificate
- ✓ Psychological Assessment Report stating your child has a primary diagnosis of Autism (DSM IV, DSM V or ICD 10)
- ✓ A specific recommendation (not more than two years prior to the proposed admission date) that a Special Class for children with autism is a suitable placement for your child
- ✓ All other professional reports available in relation to your child, e.g., Speech and Language, Occupational Therapy, etc.
- ✓ Report/Assessment from current educational setting