



Application Form for Autism Class

2024/2025 School Year

Pupil's Name: _____

Date of Birth _____

3. Parent's Names:

(i) Mother _____

(ii) Father _____

4. Home Address (include Eircode):

5. Phone Number:

(i) Mother _____

(ii) Father _____

6. Is your child under the care of the Clare Early Intervention Team (CEIS), Clare Children's Services or Services elsewhere?

Yes No

7. Has your child been assessed by a Psychologist:

Yes No

8. Name of Psychologist: _____

9. What services, if any, has your child access to? (e.g. Speech & Language Therapist, Occupational Therapist etc.) * If possible, please include contact details.

10. Where is pupil currently? (e.g. pre-school, other primary school etc.) * If possible, please include contact details.

11. Brief outline of your child's current strengths and areas of difficulty:

(i)Strengths:

(ii)Areas of difficulty:

13. Other information the school should be aware of:

This application form **MUST** be accompanied by a Psychological Report from a multi-disciplinary team confirming a diagnosis of A.S.D. **and** a requirement of placement in an Autism Class setting by Psychologist. I understand these reports will be returned to me if a place is not offered to my child.

Signature 1: _____

Signature 2 _____

Date: _____

Date: _____

Completed enrolment applications must be returned to **Doora N.S.** no later than **3pm** on **31/01/2024**.
