



Enrolment Application Form for Special Class for Children with Autism

Please fill this form in full

Child's Name: _____

Date of Birth: _____

Has your child been assessed for autism?

Yes No

If yes, who conducted the assessment and when?

Has your child received a diagnosis of autism?

Yes No

Has your child a learning disability?

Yes No

If yes, please specify

Severe/Profound Moderate Mild

Does your child have any other disability?
Yes No
If yes, please provide details

With regard to your child's schooling, what is the recommendation of the assessment team?

How would you describe your child's general behaviour?
Very challenging Challenging Not challenging

How would you describe your child's ability to communicate?
Age appropriate Delayed Not verbal

How would you describe your child's ability to interact with others?
Very sociable Sociable Avoids interaction

How would you describe your child's ability to communicate?
Age appropriate Delayed Non verbal

Outline your child's development in the following areas. Please be specific

- a) Toilet training

- b) Dressing skills

- c) Eating

- d) Mobility

Your child's placement in the ASD class will be reviewed at the end of each school year. In consultation with the multi-disciplinary team the Scoil Naomh Eltin will advise you on the future schooling needs of your child.

Parent/Guardian Signature: _____
Parent/Guardian Signature: _____
Date: _____

Places will be allocated in compliance with Scoil Naomh Eltin's Enrolment Policy for Special Class for Children with Autism.