

Holy Well NS



**Enrolment Application Form for Placement in a
Special Class for Children with Autism
(September 2021)**

Name of Child	
Date of Birth	
Address	
Current School/ Pre-School	
School Year for Enrolment	SEPTEMBER 2021
Contact Telephone Numbers Contact email	
Mother's Name	
Father's Name	
Religion if applicable	
Has your child been assessed for autism? Yes/No	
If so, who conducted the assessment and when?	

Has your child received a diagnosis of autism? Yes/No

Has your child a recommendation for placement in an ASD Unit attached to a mainstream school?
Yes/No

Has your child any other diagnosis of a disability? Please specify.

Has your child a learning disability? Yes/No

If so, please specify. (If unsure please contact a member of the assessment team.)

Severe/Profound Moderate Mild

With regard to future 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 Non-Verbal

Please give examples

How would you describe your child's ability to interact with others?

Very Sociable Sociable Avoids interaction

Please give examples

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

Toilet training

Dressing skills

Eating

Mobility

Please note that to be considered for a place in a Special Class in Holy Well NS:

- The child must have a diagnosis of Autism/ASD with complex needs, without significant intellectual impairment made using the DSM V or ICD 10, and a recommendation that a placement in an ASD unit is appropriate.
- A recent (no more than 2 years old) psychological assessment or a report from a multi-disciplinary team should be provided. A multi-disciplinary team may consist of a Clinical Psychologist, Occupational Therapist, Speech & Language Therapist, Social Worker and a Physiotherapist.
- The overall IQ score/level of ability as measured in the educational assessment must fall within the Average or Mild General Learning Disability Range. Liaison with a psychologist may be deemed necessary.

Please attach reports when submitting this Application Form.

Your child's placement in an ASD class will be reviewed at the end of each school year.

Signature of Parent(s) Date

Signature of School Principal Date

Checklist:

Have you fully completed this application form?	Yes	No
Have you attached the relevant report?	Yes	No
Have you attached a copy of your child's Birth Cert?	Yes	No
Have you signed the application form?	Yes	No

Please note that applications for Special Classes for children with Autism in Holy Well NS for September 2021 will commence on 1st February 2021 and close on 26th February 2021.