Form B – Application Form for Schools

This form should be completed by a contact person in the applicant’s school. This can be any member of staff in school who knows the student well.

This form should be completed if the applicant is still in school or has left school recently (in the last 3 years).

The information in this form helps us to understand the student’s strengths and challenges and provides us with the information we need to support the student.

There are two parts to this form:

* Part 1 can be completed by anyone in the school
* Part 2 consists of two forms which should be completed by two different members of staff in the school.

**Form B**

**Application Form for Schools 2016**

**Arts, Science and Inclusive Applied Practice**

**Form 1**

1. **Applicant Details**

|  |
| --- |
| **Name:** |

|  |
| --- |
| **Date of Birth:** |

|  |
| --- |
| **Dates of attendance:** |

|  |
| --- |
| **Primary Disability:** |

|  |
| --- |
| **Other Disabilities/Conditions:**  |

1. **School Details**

|  |
| --- |
| **School Name:** |
| **School Address:**  |
| **School Phone Number:** |
| **Type of School: (e.g. mainstream secondary school, vocational school, special needs school)**  |
| **Name of person completing form:**  |

# Examinations

**Junior Certificate**

**Please fill out this table with the applicant’s Junior Certificate Results:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Higher, Ordinary or Foundation Level**  | **Year of Exam** | **Results**  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**Leaving Certificate**

|  |  |
| --- | --- |
| **Is the applicant doing/has the applicant completed Leaving Certificate or Leaving Certificate Applied?** | **Please tick** |
| Yes, Leaving Certificate  |  |
| Yes, Leaving Certificate Applied  |  |
| No, neither |  |

* If they did not or are not doing Leaving Certificate or Leaving Certificate Applied please move on to the next section.
* If the applicant is doing or has done the Leaving Certificate/Leaving Certificate Applied please fill out the table below with their subjects. If they have already received their results or have results from mock exams you can include these also.

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Level** | **Year of Exam** | **Results**  |
| **Maths** | **Foundation** | **2016** | **C (mocks)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Attendance

|  |  |
| --- | --- |
| **School year****(e.g. 2015/2016, 2015/2014)** | **Number of days absent** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **Was there any significant disruption to the applicant’s education? (e.g. repeating a school year, consistent lateness)**  |

## Support and Intervention

**Please tick any exam accommodations the applicant received in State Exams:**

|  |  |  |
| --- | --- | --- |
| Accommodation | Junior Certificate | Leaving Certificate (Applied) |
| Tape Recorder |  |  |
| Word Processor |  |  |
| Reader |  |  |
| Scribe |  |  |
| Spelling and Grammar Waiver |  |  |
| Extra Time |  |  |
| Others:  |  |  |

**Please tick any supports the applicant has received in school and provide details as appropriate (e.g. number of hours)**

|  |  |  |
| --- | --- | --- |
| **Support**  | **Received?** | **Additional Details** |
| Learning Support |  |  |
| Resource Hours |  |  |
| Special Needs Assistant (SNA) |  |  |
| Counselling |  |  |
| Visiting Teacher Service |  |  |
| Assistive Technology |  |  |
| Care Support Team |  |  |
| Home Tuition Hours |  |  |
| Behavioural Support Class (NBSS) |  |  |
| ASD Class |  |  |
| Educational Welfare Support Officer |  |  |
| Guidance Counsellor |  |  |
| Clinical Psychologist |  |  |
| Educational Psychologist |  |  |
| Chaplain |  |  |
| Psychotherapist |  |  |
| Child and Adolescent Mental Health Services (CAMHS) |  |  |
| Occupational Therapy |  |  |
| Speech and Language Therapy |  |  |
| Physiotherapy |  |  |
| Other: |  |  |

# Part 2 - Applicant Skills and Strengths

This form should be filled out by two different teachers independently.

|  |  |
| --- | --- |
| **How well can the applicant perform the following activities?** | **Does the applicant need support with this activity?** |
|  | **Very well** | **Quite well** | **Okay**  | **Not well** |
| Reading |  |  |  |  |  |
| Writing |  |  |  |  |  |
| Typing |  |  |  |  |  |
| Numeracy |  |  |  |  |  |
| Using a computer |  |  |  |  |  |
| Participating in class |  |  |  |  |  |
| Handing in homework |  |  |  |  |  |
| Studying independently |  |  |  |  |  |
| Doing exams  |  |  |  |  |  |
| Meeting deadlines |  |  |  |  |  |
| Talking to peers |  |  |  |  |  |
| Talking to teachers |  |  |  |  |  |
| Making friends |  |  |  |  |  |
| Teamwork |  |  |  |  |  |
| Being on time |  |  |  |  |  |
| Being creative |  |  |  |  |  |
| Public speaking |  |  |  |  |  |
| Organising  |  |  |  |  |  |
| Managing time |  |  |  |  |  |
| Problem solving  |  |  |  |  |  |
| Listening |  |  |  |  |  |
| Abstract thinking |  |  |  |  |  |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

# Part 2 - Applicant Skills and Strengths

This form should be filled out by two different teachers independently.

|  |  |
| --- | --- |
| **How well can the applicant perform the following activities?** | **Does the applicant need support with this activity?** |
|  | **Very well** | **Quite well** | **Okay**  | **Not well** |
| Reading |  |  |  |  |  |
| Writing |  |  |  |  |  |
| Typing |  |  |  |  |  |
| Numeracy |  |  |  |  |  |
| Using a computer |  |  |  |  |  |
| Participating in class |  |  |  |  |  |
| Handing in homework |  |  |  |  |  |
| Studying independently |  |  |  |  |  |
| Doing exams  |  |  |  |  |  |
| Meeting deadlines |  |  |  |  |  |
| Talking to peers |  |  |  |  |  |
| Talking to teachers |  |  |  |  |  |
| Making friends |  |  |  |  |  |
| Teamwork |  |  |  |  |  |
| Being on time |  |  |  |  |  |
| Being creative |  |  |  |  |  |
| Public speaking |  |  |  |  |  |
| Organising  |  |  |  |  |  |
| Managing time |  |  |  |  |  |
| Problem solving  |  |  |  |  |  |
| Listening |  |  |  |  |  |
| Abstract thinking |  |  |  |  |  |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_