

## East Limerick Children's Services



## **School Request for Support Form**

Child's Name	Date of Birth	
School Name	School Year	
Class Teacher	Special Educational Teacher	
Contact Number	Contact Email	

East Limerick Children's Services follows the Family Centred Practice model of service delivery. This means that all supports are offered to families based on a child's needs and parental priorities for their child and family. The Individualised Family Service Plan (IFSP) agreed with the family is integral to providing supports and supports for schools can be added to the plan to reflect a child's goals in terms of school and family priorities.

Can you describe in detail and provide examples of the child's main difficulties at school?

1.	
2.	
3.	
4.	



5.

## East Limerick Children's Services



Are these difficulties outlined in the child's IEP/IFSP?

Yes		No					
	hinking about the I to help this pupi		ghlighted ab	ove, what suppo	orts have you acces	sed that could	
Support Available			Have you accessed this support?				
NCSE S	Specialised Teach	er Training/Se	minar	Yes	No	Date	
If 'Yes' here:	, please provide o	letails of the c	ourse(s)				
Servic	Specialist Teacher e/ NCSE Visiting T /Hearing Impairm	eacher for	isory				
NEPS							
East Li	merick Children's	Services					
САМН	S						
f you h	ave accessed any	of the above s	supports, wh	nat was impleme	nted and what was	s the outcome?	
1.							
2.							
3.							
4.							



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Can you provide details of what whole school and classroom-based support strategies have been used as per 'The Continuum of Support Model'?

1.					
2.					
3,					
4.					
5.					
Teach	er Name				
Teach	Teacher Signature				
Paren	t Name				
Paren	t Signature				
Date					

Thank you for taking time to complete this form.

When it has been returned, an acknowledgement will be provided and the form will be discussed with the team working with this child/young person. Please note that there may be a wait time for support. We will inform you of the next steps via phone/letter.