



Parental consent form for the sharing of Professional Reports with the NCSE when seeking a special class or special school placement

The NCSE aim is to assist parents seeking a special class/school placement for their child/young person and use the data provided in order to inform special school and class planning.

In the Department of Education Circular [gov.ie](http://www.gov.ie) - [New measures to support the Forward Planning for Special Education Provision \(www.gov.ie\)](http://www.gov.ie) it is indicated that parents seeking a special class or special school placement for the coming academic year 2025/26 make contact with the NCSE.

The application of the criteria and offer of places will continue to be the role of each individual school's Board of Management. Completion of the consent form does not guarantee a school placement. The NCSE will work with parents to explore all potential placement options and supports available.

Details included in this consent form will be received and retained by the NCSE in order to assist schools and parents and to inform planning for special class/school.

The NCSE are obliged to collect certain information when meeting our legal obligations under Section 41 of the Education for Persons with Special Educational Needs Act 2004. This obligation under the Act, together with Article 6(1) (c) of the General Data Protection Regulation (GDPR) informs the NCSE's legal basis as a data controller. Full details of the NCSE's data protection policy setting out what data we process and how we retain personal data, as well as information regarding the rights of data subjects are available at <http://ncse.ie/ncse-data-protection>

Student details

Student details			
Name of Student			
Date of Birth		Gender	
Address			
Address		County/Postcode, e.g. Carlow, Dublin 3	
		Eircode	

Professional report(s) provided

Profession, e.g. Psychologist, OT, Psychiatrist, etc.	Author of report	Date of report

Current placement status of the applicant, (please tick one of the boxes 1-7)	
1. Pre-school/ECCE	
2. Autism specific preschool setting	
3. Early intervention class (in a mainstream school)	
4. Mainstream class	
Name of mainstream school	
5. Special school	
6. Early Intervention class in a mainstream school	
Name of special school	
7. Applicant is not attending a setting, (at home)	
Other. Please provide details	

Consent of parents/guardians to provide information Please tick ✓	
I/We, the undersigned, being the parents/guardians of the above named child confirm that:	
I/We consent to provide the professional report(s) indicated above.	
I/We consent that, professional reports will be forwarded by the National Council for Special Education (NCSE), to the relevant NCSE personnel.	
I/We the parent consent to the use of the report(s) for the purposes of verifying special class/school eligibility to assist in the planning for specialist placements.	
Parent/Guardian 1 Name	
Signed	Date
Parent/Guardian 1 Contact phone no.	
Parent/Guardian 1 Contact Email Address	
Parent/Guardian 2 Name	
Signed	Date
Parent/Guardian 2 Contact phone no.	
Parent/Guardian 2 Contact Email Address	