

Supplementary Information Form

Section B – Second Level Academic Reference

Distributed by the CAO on behalf of Higher Education Institutions (HEIs)

Instructions for Completion:

- This form provides background information on the applicant’s educational experience and helps to determine appropriate supports at third level.
- The applicant’s School Teacher/Guidance Counsellor/Visiting Teacher **and** School Principal should complete this form. The person completing this form should be familiar with the impact of the applicant’s disability on their academic performance and participation at second level.
- It is the applicant’s responsibility to ensure that all sections of the Academic Reference are completed. Remember to keep a photocopy for your personal records.

Please complete all sections below in **TYPE** or **BLOCK** capitals:

1. Applicant Details

Title and Full Name of Applicant	
Date of Birth	
CAO Number	

2. School Details

Name of School	
School Phone Number (incl. area codes)	
School Address	
School Roll Number	

3. School Attendance details

Year in which applicant first attended your school	
Year in which applicant completed education at your school	

4. Disability Information (please confirm the applicant's disability)

Disability Type (please tick primary disability):

Asperger's Syndrome / Autism

ADD/ADHD

Blind/Vision Impaired

Deaf/Hearing Impaired

Dyspraxia

Mental Health Condition

Neurological Conditions (incl. Brain Injury, Speech and Language Disabilities)

Significant Ongoing Illness

Physical Disability

Specific Learning Difficulty (incl. Dyslexia & Dyscalculia)

Please state the specific name of the disability (if relevant):

Please state if there are any other disabilities:

5. Did the applicant's disability impact on school attendance? If yes, please specify significant absences in each academic year from 1st to 6th year.

6. Did the applicant's disability impact on their ability to engage with the curriculum i.e. access to texts/materials, ability to participate in class, to study and revise effectively and memory/concentration issues? If yes, please provide details.

7. Did the applicant's disability impact on their ability to organise their work, meet deadlines and manage their time effectively? If yes, please provide details.

8. Has the applicant's disability impacted on examination performance? If yes, please provide details.

9. Please outline any other academic impact of the applicant's disability which has not been previously mentioned.

10. Please outline any school supports which the applicant has received and the effectiveness of those supports (e.g. learning support, assistive technology, academic support etc.)

11. Please confirm the examination accommodations granted to the applicant in the Junior and Leaving Certificate examinations.

Accommodation	Junior Certificate Granted	Leaving Certificate Granted
Tape Recorder		
Word Processor		
Reader		
Scribe		
Spelling & Grammar Waiver		
Extra Time		
Special Centre		
Other(s) specify		

Teacher/Guidance Counsellor's signature

Date

___ / ___ / ___

School Principal's signature

Date

___ / ___ / ___

Official School Stamp