Graduate Certificate in the Education of Students with Autistic Spectrum Disorders (ASDs) for teachers working with Students with ASDs in Special Schools, Special Classes or as Resource Teachers in mainstream Primary and Post-Primary Schools – 2015/2016

To: The Managerial Authorities of Recognised Primary, Secondary, Community and Comprehensive Schools and the Chief Executives of Education and Training Boards

Introduction

The programme will aim to provide substantial theoretical and practical professional development for teachers working with students who have autistic spectrum disorders and, thereby, will be in a position to contribute to the school’s overall capacity in this area.

1. **The Programme 2015-2016**

In the school year 2015-2016 a Graduate Certificate in the Education of Students with Autistic Spectrum Disorders will be offered in St Patrick’s College, Drumcondra, Dublin 9. The Programme will run from September 2015 to early June 2016.

An application form accompanies this Circular for completion by eligible teachers interested in participating in the programme. Completed application forms should be forwarded to The Course Director, Special Education Department, St Patrick’s College, Drumcondra, Dublin 9, to be received not later than 27th February, 2015.

Eighteen places are available in the Programme year 2015/2016.

2. **Funding**

Funding for the programme is provided by the Teacher Education Section of the Department of Education and Skills.

3. **Aim and Content**

The aim of the programme will be to provide substantial theoretical and practical training for teachers working with students who have autistic spectrum disorders and, thereby, to contribute to the school’s overall capacity in this area. A qualification of Graduate Certificate will be awarded by Dublin City University. Participants will be assessed on the basis of **full attendance** at the programme venue and **full participation** in the distance elements of the course, completion of selected tasks and written assignments and supervision of their work in school. Further details will be made available to applicants by the Special Education Department of St Patrick’s College.
4. **Duration and Organisation**

The programme is one-year, part-time from September 2015 to June 2016, and consists of 3 modules. The course is delivered through distance learning modes, on-site learning at St. Patrick’s College and considers teachers’ practical engagement with students in schools. The programme is based on participants being released from their schools for three weeks of the academic year.

The programme will include face-to-face tuition, tutorials and visits to other educational settings to observe examples of exemplary practice. The distance element of the course will include online synchronous and asynchronous engagement (course materials, online lectures and discussion fora).

5. **Eligibility**

Please note that all teachers must be registered in accordance with Section 31 of the Teaching Council Act, 2001. Please refer to the Teaching Council website [www.teachingcouncil.ie](http://www.teachingcouncil.ie) for further information.

This programme is for registered teachers who hold a post currently funded by the Department of Education and Skills and who are currently working with students with Autistic Spectrum Disorders (ASDs) or who will be working with students with ASDs for the duration of the Programme in recognised Primary Schools including Special Schools and recognised Post-Primary Schools. The programme is designed specifically to assist teachers in meeting the learning and teaching needs of students with ASDs. Potential applicants must therefore have a teaching role in relation to students with ASDs.

(a) **Primary:**

Teachers will be required to forward a copy of their Registration Certificate or Confirmation of Registration letter¹ from the Teaching Council, when submitting their application form. If the “Education Sector(s)” field is blank, teachers will be required to provide evidence that they have qualifications suitable to teach in either the mainstream primary sector or to teach students with Special Educational Needs or students requiring Learning Support in the primary sector.

Applicants from Primary Schools should have successfully completed their probationary period.

(b) **Post-primary:**

Teachers will be required to forward a copy of their Registration Certificate or Confirmation of Registration letter (see footnote below) from the Teaching Council, when submitting their application form. If the “Education Sector(s)” field is blank, teachers will be required to provide evidence that they have qualifications suitable to teach in either the mainstream post-primary sector or to teach students with special educational needs or students requiring learning support in the post-primary sector.

Applicants from Post-Primary Schools should have successfully completed their Induction and Post Qualification Employment (PQE)

(c) **Special Schools:**

Teachers will be required to forward a copy of their Registration Certificate or Confirmation of Registration letter (see footnote below) from the Teaching Council, when submitting their application form. If the “Education Sector(s)” field is blank teachers will be required to provide evidence that they have qualifications suitable to teach either in the mainstream primary or post-primary sectors or to teach students with special educational needs or students requiring learning support in the primary or post-primary sector or to teach in special school settings.

Applicants from Special Schools should have successfully completed their probationary period.

While teachers are completing this programme and for a reasonable period of time following completion of the programme, it is advised that school management make every effort to ensure that students with ASDs continue to benefit from the teacher’s knowledge and expertise in this area, through assigning the learning and teaching of students with ASDs to the teacher concerned. Collaborative practices, such as team-teaching, can also form a part of these arrangements.

In order to participate in the programme, teachers will need access to a computer and the Internet.

Candidates should note that evidence of having completed Garda vetting is required for participation in the course.

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¹ Confirmation of Registration letter is available to download from the Registered Teacher Login Facility on the Teaching Council website [www.teachingcouncil.ie](http://www.teachingcouncil.ie)
6. **Applications and Selection**

An Application Form accompanies this Circular for completion by eligible teachers interested in participating in the programme.

Normally, applications will be accepted from not more than one teacher per school who meets the requirements outlined in this Circular.

**Important**

Eligible teachers nominated by their school authorities who wish to be considered for admission to the **Graduate Certificate Programme** should send their applications to **The Course Director, Special Education Department, St. Patrick’s College, Drumcondra, Dublin 9** to be received not later than **27th February 2015**.

Phone: (01) 8842031; Fax: (01) 8842294; email: **sped.dept@spd.dcu.ie**.

Applicants for this programme are **not** required to attend for interview.

7. **Fees**

No fee or registration charges will apply for applicants eligible under the terms of this Circular.

8. **Travel and Subsistence**

Travel and subsistence will be provided for any of the face-to-face elements of the programme in accordance with Teacher Education Section rates.

9. **Extra Personal Vacation**

No extra personal vacation will be allowed in respect of participation in this Course.

10. **Substitution**

Substitution, which must be approved by the managerial authority of the school/ETB, will be allowed. The substitution must be deemed necessary to cover the approved periods of absence of the teacher from teaching duty for attendance at the course. Documentation from the college specifying the absence details must be retained by the school. **It should be noted that paid substitution cover will not be provided by the Department of Education and Skills where a teacher takes personal leave during the block release element of the Programme.**

11. **Salary Arrangements**

All teachers on release from their school under the terms of this Programme will continue to receive their salary in the usual way.

12. **Allowances**

Please note that successful completion of this Programme will not result in any entitlement to additional remuneration from the Department of Education and Skills.

13. **Master’s Programme**

Teachers who successfully complete the Graduate Certificate in the Education of Pupils with Autistic Spectrum Disorders (ASDs) may be eligible to apply for the Diploma in Special Educational Needs and to progress to a Masters in Special Educational Needs at St. Patrick’s College. Further information on potential pathways is available on the St. Patrick’s College website, www.spd.dcu.ie.

Eddie Ward
Principal Officer
January 2015
Graduate Certificate in the Education of Students with Autistic Spectrum Disorders (ASDs) - 2015-2016

Application form

Please complete and return to: The Course Director, Special Education Department, St. Patrick's College, Drumcondra, Dublin 9 by 27th February 2015

Phone: (01) 8842031  Fax: (01) 8842294
email address: sped.dept@spd.dcu.ie

1. Personal Details

Name: ______________________________________  School: ____________________________________________

Home Address: _______________________________  School Address: ______________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

Home Ph: ___________________________________  School Roll No: ________________________________

Mobile: ________________________________  School Phone: ______________ Fax: ______________

Personal email: _____________________________  School email: ______________________________

Teacher Payroll No: ___________________________  Principal: ______________________________________

Please state Year of fulfilling Induction and Probation/PQE requirement: ____________________________

2. Registration Details (Per Teaching Council Registration Certificate or Confirmation of Registration letter)*

Teacher Registration Number ___________________________  Education Sector ______________________________

Do you hold current Garda Vetting? Yes □  No □

* A copy of the Registration Certificate or a Confirmation of Registration letter must accompany this form.
3. Current Teaching Position

3 (a) Please tick which of the following best describes your current Employment Status:

- Contract of Indefinite Duration (CID)  
- Fixed Term Contract  
- Permanent  
- Other, please specify: _______________________________________________________________

If employed in a Part Time capacity, for how many hours are you employed? ______________________

3 (b) Please tick which of the following best describes the teaching position you will hold in 2015/2016:

Mainstream Primary School

- Class teacher who is teaching a significant number of students with ASDs  
- Resource teacher for students with special educational needs, currently teaching students with ASDs  
- Learning/Language Support Teacher currently teaching students with ASDs  
- Teacher in a special class for students with ASDs  
- Teacher in a special class for students with special educational needs, which includes students with ASDs  
- Other (please Specify) ________________________________________________________________  
- How many students with ASD do you teach? ____________

Mainstream Post-Primary School

- Subject teacher, where a significant number of students with ASDs are accessing the subject area (specify which subject) __________________________________________  
  - How many students with ASD do you teach? ________  
- Resource Teacher for students with special educational needs, currently teaching students with ASDs  
  - How many students with ASD do you teach? ____________________________  
  - How many hours teaching students with ASD, each week, in total? ________  
- Learning/Language Support, currently teaching students with ASDs  
  - How many students with ASD do you teach? ____________________________  
  - How many hours teaching students with ASD, each week, in total? ________  
- Part Time Teacher in a special class for students with ASDs  
  - How many students with ASD do you teach? ____________________________  
  - How many hours teaching students with ASD, each week, in total? ________  
- Full Time Teacher in a special class for students with ASDs  
  - How many students with ASD do you teach? ____________________________  
  - How many hours teaching students with ASD, each week, in total? ________
- Teacher in a special class for students with special educational needs, which includes students with ASDs ☐
- Other (please Specify) ________________________________________________________________ ☐

Special School

- Class teacher teaching students with special educational needs, which includes students with ASDs ☐
- Class teacher teaching students with ASDs ☐
- Subject teacher, where students with ASDs are accessing the subject area. (specify which subject) __________ ☐
- Principal of a Special School where the Principal is in a teaching role and has students with ASDs in his/her class ☐
- How many students with ASD do you teach? _____
- Other (please Specify) ________________________________________________________________ ☐

3 (c) Please state:

- Your total number of years teaching ____________________________________________
- Number of years teaching in your present school __________________________________
- Number of years teaching students with ASDs _____________________________________
- When were you appointed to your present post _____________________________________
- Date of establishment of this post _______________________________________________

3 (d) Please give a brief description of the students, stating categories of special educational need, with whom you currently work:

______________________________________________________________________________
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______________________________________________________________________________
3 (e) For the school year 2015/2016, how many hours per week will you be timetabled in the following areas of work:

Special Class (include designation of special class): ___________________
Withdrawal Work: ___________________ Team-Teaching: ___________________
Consultation with Colleagues/Parent/Others (please specify): ___________________
Other (please specify): ___________________

Please confirm with your Principal that you are, or will be, working with students with ASDs for the duration of the Programme.

I have certified with my Principal that this will be the case:  Yes: ☐ No: ☐

4. **Mainstream School Only: Range of Support Services**

4 (a) Excluding your position, please specify the range of support services currently in your school (state number)

<table>
<thead>
<tr>
<th>Learning Support Teachers</th>
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<tr>
<td>Resource Teachers for students with special educational needs</td>
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<tr>
<td>Special Class Teachers</td>
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<td>Other (please specify)</td>
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</table>

4 (b) Have you previously attended a course (short/Post-Graduate) pertaining to special education? Yes ☐ No ☐

<table>
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<tr>
<th>Topic</th>
<th>Date</th>
<th>Duration</th>
<th>Venue</th>
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Please confirm with your Principal that you are, or will be, working with students with ASDs for the duration of the Programme.

I have certified with my Principal that this will be the case:  Yes: ☐ No: ☐
5. **Previous Teaching Experience**

**5 (a)** Number of years teaching mainstream classes: __________________________________________________________

Name and Address of School(s):                             Dates:

__________________________________________________________  ____________________

__________________________________________________________  ____________________

__________________________________________________________  ____________________

**5 (b)** Prior to taking up your current teaching position, please state number of years in special schools / special classes / resource / learning support teaching: __________________________________________________________

Name and Address of School(s):                             Dates:

(Please specify teaching role):

__________________________________________________________  ____________________

__________________________________________________________  ____________________

__________________________________________________________  ____________________

**5 (c)** Any other relevant experience in educational settings:

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

6. **Professional or other qualifications held**

<table>
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<tr>
<th>College, University or other Awarding Body</th>
<th>Dates of attendance and whether full-time or part-time</th>
<th>Degree or other Qualifications obtained/to be obtained</th>
<th>Grade/Class (if any)</th>
<th>Subject(s)</th>
<th>Date of Award</th>
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7. **Previous Professional Development** (e.g. Induction, SESS, other CPD).

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<th>Name &amp; Dates of Professional Development Course</th>
<th>Duration</th>
<th>Grade/Class (if any)</th>
<th>Subject(s)</th>
<th>Year of Completion of Professional Development Course</th>
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8. **Additional Information**

8 (a) Have you previously applied for the Graduate Certificate in the Education of students with ASD? Yes □ No □
If yes, what year did you apply? ________________________________________________________________

8 (b) Please indicate your reason(s) for seeking a place on this programme

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

8 (c) Please provide any other information that you feel may help in assessing your application for this programme

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
8 (d) Please indicate your ICT skills:

Beginner □ Competent □ Advanced □

Any other information relevant to your ICT skills:

________________________________________________________________________
________________________________________________________________________
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9. **Name, address and roll numbers of all the schools in which you currently teach, where applicable**

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<tr>
<th>School Name</th>
<th>School Address</th>
<th>School Roll Number</th>
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10. **To be Completed by the Applicant**

I have read Circular 0002/2015 and I agree to fulfil the necessary conditions of participation in the programme for which I am making application. I certify that all the information given on this form is correct and if admitted to the programme, I undertake to observe all the rules and regulations of St. Patrick’s College, Drumcondra, Dublin 9 and to fulfil the necessary conditions of the programme.

I understand that evidence of Garda vetting is required for participation in the course.

SIGNED: ___________________________ DATE: ___________________________
11. For Completion by School Authorities

I nominate ______________________________________ to attend this post-graduate programme and I confirm that the applicant for this course is a registered teacher in accordance with Section 31 of the Teaching Council Act, 2001.

I confirm that the above named teacher is, or will be, working with students with ASDs for the duration of the Programme, that his/her workload will permit him/her to benefit fully from the continuing professional development being offered and will accord with the criteria in Circular 0002/2015

I confirm that the information in this application form is correct and, if the above named teacher is given a place on this Graduate Certificate in the Education of Students with Autistic Spectrum Disorders (ASDs) 2015/2016, that the Board of Management agrees to release him/her to attend the programme and will fulfil all course requirements as specified in Circular 0002/2015.

SIGNED: ________________________________ DATE: ______________
(Principal)

COUNTER SIGNED: ________________________________ DATE: ______________
(Director/Manager/Chief Executive/Chairperson of the Board of Management)

Please return completed form together with a copy of your Registration Certificate or Confirmation of Registration letter from the Teaching Council to The Course Director, Special Education Department, St. Patrick’s College, Drumcondra, Dublin 9. Closing date for applications is 5pm 27th February 2015

Thank you for your cooperation in completing this application form.

Data Protection

The Department of Education and Skills will treat all personal data you provide on this form as confidential and will use them solely for the purpose intended. The information will only be disclosed as permitted by law or for the purposes listed in the Department’s registration with the Data Protection Commissioner (DPC) - Ref 10764/A

St Patrick’s College will treat all personal data you provide on this form as confidential and will use them solely for the purpose intended. The information will only be disclosed as permitted by law or for the purposes listed in St. Patrick’s College’s registration with the DPC.

If the information you have provided is to be used for purposes other than outlined in the Department’s or Colleges’ (as applicable) registration with the DPC your permission will be sought.