Section B: Educational Impact Statement 2027

Instructions for completion:

- This form has a dual purpose. It is used along with evidence of disability documentation to help determine eligibility for applicants applying through DARE. The form also provides background information to colleges on the applicant's educational experience and helps to determine appropriate supports at third level.
- The appropriate teacher in the school should complete the Educational Impact Statement (EIS) checklist with the applicant. That teacher should then complete the rest of this form. This form MUST be signed and stamped by the school principal or deputy principal.
- EIS forms completed by a PLC or FET college will not be considered in determining DARE eligibility.
- **A Teacher's Manual has been circulated to all schools** to provide guidelines on how to complete the Educational Impact Statement.
- It is the applicant's responsibility to ensure all necessary sections of this form are completed and posted to the CAO. Remember to keep a photocopy.
- **DARE applicants must complete Section A, the online Supplementary Information Form (SIF) and tick YES to DARE under Question 1 by 17:00 on 1 March 2027**.

Tips for Schools on how to complete the Educational Impact Statement:

- You can save this form to your PC/laptop and enter the required information electronically. You may need to download Adobe Acrobat Reader DC to do this (click here to download Adobe). Alternatively, you can print it off and complete by hand.
- Using the Educational Impact Statement checklist, consult with the applicant about how their disability has impacted upon their educational experience in your school.
- Not all sections will be relevant to all applicants. You may need to gather information from sources in your school depending on which sections are relevant.
- When complete, ensure it is signed and stamped by the Principal/Deputy Principal.
- Remind DARE applicants that they must return the Educational Impact Statement, along with the appropriate evidence of disability to **DARE Applications 2027, CAO, Tower House, Eglinton Street, Galway by 10 March 2027**.

Applicant Details

Full Name of Applicant:

Date of Birth: D D / M M / Y Y Y Y

CAO Number: 2 7

Duration of School Attendance

First Attended: M M Y Y Month / Year

Completion (or expected completion): M M Y Y Month / Year

School Details

School Name:

School Address:

School Roll Number:

Applicant's Disability/Condition

Applicant's Disability/Condition:

Are there any other co-existing conditions or relevant difficulties?

The information provided by the applicant in the EIS Checklist below should guide you to the relevant EIS Indicators. Not all Indicators are relevant to all applicants. It is important to note that all Indicators do not need to be completed to meet the DARE educational impact criteria.

EIS Checklist

Please ask the applicant: Has your educational experience been affected by your disability/condition in any of the following ways? Record their response to each of the following:

1. I needed and received supports in school or exam accommodations. Yes ◯ No ◯
2. My school or class attendance has been disrupted. Yes ◯ No ◯
3. It has impacted on my overall experience of school. Yes ◯ No ◯
4. It has impacted on my school exam results and learning. Yes ◯ No ◯
5. I have experienced other educational impact not listed above. Yes ◯ No ◯
6. My literacy and/or numeracy abilities have been impacted. Yes ◯ No ◯

Indicator 1: Intervention and Support

1.1 Has the applicant received additional support in school due to the impact of their disability? Yes ◯ No ◯

If yes, please select years that support(s) was received:

Support	1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year
Learning Support	☐	☐	☐	☐	☐	☐
Resource Hours	☐	☐	☐	☐	☐	☐
Special Needs Assistant	☐	☐	☐	☐	☐	☐
Visiting Teacher Service	☐	☐	☐	☐	☐	☐
Assistive Technology	☐	☐	☐	☐	☐	☐
Care Support Team	☐	☐	☐	☐	☐	☐
Home Tuition Hours	☐	☐	☐	☐	☐	☐
Ed. Welfare Officer Support	☐	☐	☐	☐	☐	☐
Behavioural Support Class (NBSS)	☐	☐	☐	☐	☐	☐
ASD Class	☐	☐	☐	☐	☐	☐
Other:	☐	☐	☐	☐	☐	☐

1.2 Please confirm the exam accommodations granted to the applicant in the Junior and Leaving Cert Examination.

Accommodation	Junior Cert	Leaving Cert	
Recording Device	Granted ☐	Granted ☐	Pending ☐
Word Processor	Granted ☐	Granted ☐	Pending ☐
Reader	Granted ☐	Granted ☐	Pending ☐
Scribe	Granted ☐	Granted ☐	Pending ☐
Spelling & Grammar Waiver	Granted ☐	Granted ☐	Pending ☐
Extra Time	Granted ☐	Granted ☐	Pending ☐
Special Centre	Granted ☐	Granted ☐	Pending ☐
Other:	Granted ☐	Granted ☐	Pending ☐

Indicator 2: Attendance and Disruption

2.1 Did the applicant's disability impact on their school attendance? Yes ◯ No ◯

If yes, specify number of full days missed due to the applicant's disability/condition:

Year	Number of Days Absent	Year	Number of Days Absent
1st Year		4th Year	
2nd Year		5th Year	
3rd Year		6th Year	

2.2 Did the applicant's disability affect class attendance or completion of the full day?

Yes ◯ No ◯

If yes, enter the number of partial days missed. Please describe the extent to which the applicant missed class during their time in post primary education. Please also provide the reason(s) for this, e.g. personal care needs, appointments for learning support, fatigue, applicant needing to take breaks.

Indicator 3: School Experience and Well-being

3.1 Has the applicant's potential to participate fully in extra-curricular activities been constrained as a result of their disability/condition?

Yes ◯ No ◯

If yes, a specific example is required:

3.2 Has the applicant received support due to the emotional impact of the disability/ condition from any of the following? (you may select more than one) Yes ◯ No ◯

- ☐ Guidance Counsellor
- ☐ Chaplain
- ☐ Psychotherapist
- ☐ Child and Adolescent Mental Health Services
- ☐ Psychologist
- ☐ Other, please specify:

3.3 Has the disability impacted on the applicant's time, either
a) it takes them a considerably long time to complete school work/study or
b) they have reduced time for school work/study due to managing their condition?

Yes ◯ No ◯

If yes, describe how the applicant's disability/condition causes these time-related challenges:

Indicator 4: Learning and Exam Results

4.1 If the applicant acquired the condition when in your school (or their condition deteriorated), have their grades significantly decreased since onset/deterioration?

Yes ◯ No ◯ Not Applicable ◯

If yes, please pick **three subjects** and use in-house (school) exams, pre and post onset/deterioration, to show this. It is recommended you use Maths, English and another subject:

Subject	Result Pre-Onset (or deterioration)	Result Post Onset (or deterioration)
	Result Year Higher ◯ Ordinary ◯ Foundation ◯	Result Year Higher ◯ Ordinary ◯ Foundation ◯
	Result Year Higher ◯ Ordinary ◯ Foundation ◯	Result Year Higher ◯ Ordinary ◯ Foundation ◯
	Result Year Higher ◯ Ordinary ◯ Foundation ◯	Result Year Higher ◯ Ordinary ◯ Foundation ◯

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4.2 Has the applicant been impacted in any of the following ways due to their disability:

Please consult with two teachers who are familiar with the applicant. If they both agree to at least one of the 6 statements below, select each relevant statement and then enter their names.

a. The applicant's written work has been impacted. ☐

b. The applicant's reading/ability to access the curriculum has been impacted. ☐

c. The standard of the applicant's homework has been impacted. ☐

d. The applicant's performance in exams is not as good as expected given their level of ability shown in class. ☐

e. The applicant's ability to organise their work, meet assignment deadlines or manage their time effectively has been impacted. ☐

f. The applicant's level of participation/concentration in class has been impacted. ☐

Teachers may agree on multiple statements, and this may be documented above, but, for the purposes of DARE, only ONE box needs to be ticked for the applicant to satisfy the DARE criteria here.

Teacher Name 1:

Teacher Name 2:

4.3 Is the applicant attending a supported or specialised school, e.g. School for the Deaf?

Yes ◯ No ◯

Indicator 5: Other Educational Impacts

5.1 Are there any other educational impacts of the applicant's disability (or related to their disability) which have not been mentioned previously?

Yes ◯ No ◯

There might be, for example, an additional significant disruption to the applicant's post primary education.

For the purposes of DARE, only additional educational impacts to those requested under Indicators 1-4 will be considered for meeting Indicator 5.

If unsure, schools should consult the Teacher's Manual for guidance on what might be applicable in this section.

Indicator 6: Literacy/ Numeracy Attainment Scores

6.1 Applicants to DARE with Dyslexia/ Significant Literacy Difficulties MUST have two literacy attainment scores at or below the 10th percentile to meet this indicator.

Applicants to DARE with Dyscalculia/ Significant Numeracy Difficulties MUST have one numeracy attainment score at or below the 10th percentile.

If applicable, report attainment scores from one (or a combination) of the following sources:

1) **Scores from school-based attainment testing**
   The teacher who completed this testing must sign here:

2) **Scores from attainment tests carried out by a psychologist (the document containing these scores from the psychologist must also be submitted to DARE when reporting scores in this way).**

In both cases, testing must have been carried out **on or after 1 February 2025.**

	Name of Test/Subtest	Standard Score	Percentile	Assessor Name (teacher/psychologist)	Date of Test
Reading accuracy					
Single word reading					
Reading comprehension					
Pseudoword decoding					
Reading speed					
Spelling					
Writing speed					
Mathematical reasoning and problem solving					
Mathematical computation					
Mathematical fluency					

This form was completed by (type/print name):

Guidance Counsellor ◯ Learning Support Teacher ◯ Visiting Teacher ◯

Year Head ◯ Principal ◯ Deputy Principal ◯

We the undersigned agree that, to the best of our knowledge, all the information provided on this form is true, correct and complete.

Signature of Applicant

Signature of Parent/Guardian
(if applicant is under the age of 18 on 1 February 2027).

Print name of Principal/Deputy Principal

School stamp

Signature of Principal/Deputy Principal

Date: D D / M M / Y Y Y Y