

Date received: SENO USE ONLY

Application to NCSE for Access to SNA Support

Note 1

1. Please ensure that all sections of the application form are completed in full prior to submitting to the SENO.
2. All relevant professional reports are required and should be submitted in support of this application.
3. Any relevant school based information should also be made available in support of this application.
4. The school should consult with parent(s)/guardian(s) prior to making an application for access to SNA support to support the care needs of their child.

Part 1: Student and School details

A. STUDENT DETAILS

| | | | | |
|--------------------------------|--|---|----------|----------|
| Name of Student | | Gender | M | F |
| Home Address of Student | | Eircode | | |
| PPSN | | Date of Birth | | |
| Date enrolled in school | | Class or Year group | | |
| | | If student attends/will attend a special class, please state special class type. | | |

B. SCHOOL DETAILS

| | | | |
|---------------------------|--|--------------------------|------------------------|
| Name of School | Holy Family School for the Deaf | | |
| Address of School | Navan Road, Cabra, Dublin 7 | | Eircode |
| | | | D07TH79 |
| School roll number | 20495S | Phone Number | 01 8380058 |
| Email address | info@holyfamilydeafschool.ie | Name of Principal | Eimear O'Rourke |

Part 2: Nature of special educational needs and supporting professional reports

Note 2

1. Please indicate all relevant disability categories
2. Disability categories should be consistent with information contained within the professional reports

C. CATEGORY OF ASSESSED DISABILITY, AND/OR MEDICAL CONDITION

| Disability Category | Code | Please tick ✓ | Disability Category | Code | Please tick ✓ |
|---|------|---------------|--|------|---------------|
| Physical Disability | 1 | | Moderate General Learning Disability | 8 | |
| Hearing Impairment | 2 | | Severe/Profound General Learning Disability | 9 | |
| Visual Impairment | 3 | | Autism/Autistic Spectrum Disorder | 10 | |
| Emotional/Behavioural Difficulty/Disturbance | 4 | | Specific Learning Disability | 11 | |
| Severe Emotional/Behavioural Disorder/Disturbance | 5 | | Assessed Syndrome | 12 | |
| Borderline Mild General Learning Disability | 6 | | Specific Speech and Language Disorder | 13 | |
| Mild General Learning Disability | 7 | | Multiple Disabilities (tick relevant low incidence disabilities) | 14 | |
| Medical Condition | 99 | | | | |

D. PROFESSIONAL REPORT(S) INCLUDED IN SUPPORT OF THIS APPLICATION

| | Author of Report (other details) | Date of report(s) |
|-----------------------------|----------------------------------|-------------------|
| Psychologist | | |
| Speech & Language Therapist | | |
| Occupational therapist | | |
| Psychiatrist | | |
| Other, please specify | | |

Part 3: Basis for access to SNA support

Note 3

1. The professional report(s) submitted with this form must reference the student’s care needs, detailing their frequency and extent, and that there is a requirement for care needs support (see Part 3.E of this application form).
2. It is the role of the NCSE to process applications from schools for SNA support taking into account the manner in which care needs arise in the school setting and the evidence the school can provide to support the application.
3. The role of the SNA in supporting the management of these care needs must be outlined in accordance with DES Circular 0030/2014.
4. An NCSE BCN1 Form must be submitted for students with care needs relating to behaviour. The NCSE BCN1 Form should be completed following an approach based on a Continuum of Support, as outlined in NEPS publications, “*Guidelines for Supporting Pupils with Behavioural, Emotional and Social Difficulties*” available at <http://www.education.ie/en/Schools-Colleges/Services/National-Educational-Psychological-Service-NEPS-/Resources-Publications.html>.

| | |
|---|-------------------------|
| | Please Tick ✓ |
| Application for access to SNA support in accordance with DES Circular 0030/2014 | |
| E. Description of care needs | |
| Please confirm that the following supporting documentation is included with this application | |
| • Recent professional report(s) outlining care needs. | |
| • Recent professional report(s) indicate the requirement for care needs support. | |
| • Fully completed NCSE BCN1 Form where the care needs relate to behaviour. | |

| | | | | | | | | | | | |
|--|--------------------------|--------------------|--------------------------|---------|--------------------------|---------------|--------------------------|-------------|--------------------------|-------|--------------------------|
| Primary care needs, please tick ✓ | | | | | | | | | | | |
| Physical | <input type="checkbox"/> | Hearing/ Visual | <input type="checkbox"/> | Medical | <input type="checkbox"/> | Personal care | <input type="checkbox"/> | Behavioural | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Please give details of primary care needs and how they are arising or how they are expected to impact in the school setting. Please detail how frequently these care needs require a response in the school setting. (If care needs relate solely to behaviour, these details will be provided in the BCN1 form and do not need to be repeated here.)

Give details of how SNA support will be deployed to meet these care needs. (Attach additional information as relevant, e.g. SNA timetables, provisional Care Plans, targets for independence etc.)

Part 4: Parent/ Guardian Consent & Declaration by Principal

Note 4 :

1. Schools must have the consent of the parent(s)/ guardian(s) to make the application.
2. The NCSE is provided with this information to facilitate the allocation of SNA support to schools for students with special educational needs.
3. The NCSE is required to keep and maintain these records for the purposes of identifying persons accessing SNA support and planning the provision of special educational and support services. Full details of the NCSE's data protection policy setting out how we will use your personal data as well as information regarding your rights as a data subject are available at <http://ncse.ie/ncse-data-protection>
4. The Declaration at end of this form must be signed by the Principal of the school.

F. PARENTAL/GUARDIAN CONSENT

I/We, the undersigned, being the parent(s)/guardian(s) of the above named student confirm:

- that this application has been discussed with me/us and that I/we give consent to the school to apply for the support services identified above
- that I am aware that all information relating to this application will be kept on file, and made available to the SENO/NCSE and may be used for planning and research purposes with a view to improving the delivery of special education services.

| | | | | | |
|--|--|-------------|--|-------------|--|
| Signed | | Name | | Date | |
| Signed | | Name | | Date | |
| Contact Phone No. for Parent(s)/Guardian(s) | | | | | |

G. DECLARATION BY PRINCIPAL

I confirm:

- that this Application is supported by the Chairperson of the school's Board of Management.
- that in making this application full consideration has been given to any support services already in the school.

| | | | |
|---------------|--|-------------|--|
| Signed | | Date | |
|---------------|--|-------------|--|