

<p align="center"><u>School Summary of Care Needs Currently Supported 2015/16 as at:</u></p>								<p align="center"><u>Please insert date</u></p>		
<p align="center"><u>To be completed for students currently accessing SNA support.</u> <u>Please submit to SENO at point of new application/review of SNA support.</u></p>										
School Name					School Roll No.				Current SNA Allocation	e.g. 1FT post and 1 x 0.5 post
Name(s) of students availing of care needs support	DOB	Disability Code(s)/category	Current significant care needs reported/observed					Additional detail re. care needs, as per Circular 0030/2014		
			Physical	Sensory	Medical	Behavioural	Personal care	Social & Communication		
Signature of School Principal						Date				