

11 March 2009

Ref No: NCSE 01/09

To: Boards of Management, Principal Teachers and All Teaching Staff of Primary Schools

The National Council for Special Education
Information and Guidelines for Primary Schools and Special Schools
in Processing Applications for Resources for
Pupils with Special Educational Needs

NCSE 01/05 and Dept of Education & Science (DES) Circular Sp Ed 01/05 set out the position regarding the submission of applications for resources (resource teaching, SNA, assistive technology and transport) to the Council in relation to pupils with special educational needs (SEN). Schools should also refer to these guidelines when submitting applications.

The role of the NCSE is to allocate resources to schools for the next academic year taking into account new pupils enrolling with special educational needs and also pupils leaving who have been in receipt of resources. In respect of pupils in receipt of SNA support it should be noted that this support may reduce over time as their independent living skills improve.

The applications procedure for 2009 will be broadly similar to that which applied in 2008 (ref NCSE 01/08). The applications process has been in place for the past 5 years and schools are familiar with how the process works.

Copies of NCSE 01/05, DES Circ Sp Ed 01/05 and NCSE 01/08 may be accessed on the NCSE website at www.ncse.ie

Summary of Applications process

Applications may be submitted immediately using the attached forms, which are also available from the NCSE website. Forms should be fully completed prior to getting parental consent and forwarding to SENO. Incomplete application forms will be returned and will lead to a delay in the process.

It will not be possible to process an application without the PPS number. Parents can obtain the number from the Dept of Social and Family Affairs, Client Identity Section, Carrick on Shannon, Co Leitrim, Tel No 01-7043281 if necessary or contact their local Social Welfare office for assistance.

As part of an application for SNA support the SNA profile form (appendix 4) must be completed in full. This will show the manner in which the SNA cohort in the school is currently deployed and help as regards future planning for required SNA support. We are making arrangements to have this form available electronically.

All schools including schools with no new applications for resources for September 09 must list pupils with SEN (appendix 5) who will not be returning in September 09. This is required so SENO's can determine the allocation for September 2009 taking into account the resources freed up in the school.

Schools should be aware of the new guidelines which issued recently from the DES in relation to school transport which primarily relates to transport to special schools/classes.

Applications should be submitted before May 22nd to ensure that a decision that a decision regarding the school allocation for 09/10 year may issue before the end of the 08/09 year.

Applications for areas where currently the SENO is on extended leave should be forwarded to the normal address and they will be processed locally

Both the Irish and the English version of the guidelines and forms will be available on the NCSE website www.ncse.ie

Sé Goulding
Head of Operations

List of Attached Appendices

Appendix 1 - App1 LIH/SNA	Individual application form for resource teaching and SNA Support
Appendix 2 - NCSE Transport	Application for School Transport
Appendix 3 - NCSE Appl Ass Tec	Application for Assistive Technology
Appendix 4 -	School SNA Profile Form
Appendix 5 - NCSE App1 5	List of pupils with SEN currently accessing resources who will not be returning to the school in September 2009
Appendix 6 – NCSE Appl 6	List of pupils with SEN who have left the school since the previous application for resources submitted to the SENO
Appendix 7 -	List of disability codes.

Application to NCSE for Access to Low Incidence Hours and SNA Support

A. <u>PUPIL DETAILS</u>	
Name of Pupil: _____	
Home Address of Pupil: _____	
PPSN: _____	Date of Birth: _____
Date Enrolled in School: _____	Present Class: _____
Category of Assessed Disability: _____ Code: _____	
B. <u>SCHOOL DETAILS</u>	
Name of School: _____	
Address of School: _____	
Roll No: _____	Phone No: _____
Name of Principal: _____	
C. <u>APPLICATION DETAILS</u>	
This application for the above named pupil relates to the support services indicated below	
Low Incidence Teaching Hours Number of hours sought: _____	SNA Support Level of support required: _____
D. <u>PARENTAL/GUARDIAN CONSENT</u> <i>(to be completed in all cases)</i>	
I/We, the undersigned, being the parent(s)/guardian(s) of the above named pupil 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/National Council for Special Education.	
Signed: _____ Date: _____	
Name (In Block Letters): _____	
Contact Phone No. for Parent(s)/Guardian(s): _____	
E. <u>DECLARATION BY PRINCIPAL</u>	
I hereby 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. that the staged approach to assessment as outlined in DES circular 02/05 has been followed, (where appropriate). that all required documentation is attached, including professional reports as specified in Sp Ed 01/05 Appendix 3.	
Signed: _____ Date: _____	
<i>(Principal)</i>	

Date received: SENO USE ONLY

Application Form for School Transport Primary/Post Primary

A.	<u>PUPIL DETAILS</u>
Name of Pupil: _____	
Home address of Pupil: _____	
PPSN _____	Date of Birth: _____
Date Enrolled in School: _____	Present Class: _____
Category of Assessed Disability: _____	
B.	<u>SCHOOL DETAILS</u>
Name of School: _____	
Address of School: _____	
Roll No: _____	Phone No: _____
Name of Principal: _____	
C.	<u>PARENTAL/GUARDIAN CONSENT</u> <i>(to be completed in all cases)</i>
I/We, the undersigned, being the parent(s)/guardian(s) of the above named pupil, confirm each of the following:	
<p>I/we have discussed this application with the Principal of the above-named school and I/we give consent to the school to apply for school transport.</p> <p>I am/we are aware that all information relating to this application will be kept on file and made available to the National Council for Special Education (NCSE).</p> <p>I am/we are aware that this application form will be forwarded by the NCSE to the School Transport Section, Department of Education and Science, which will make a decision regarding the provision of transport and will endeavour to ensure, through Bus Éireann, that a reasonable level of transport service is provided for my/our child*.</p> <p>I am/we are aware that, in the event of it being determined that a school nearer to my/our child's home is or can be resourced to meet my/our child's special educational needs, there is no obligation on the Department of Education and Science to either arrange for a transport service or to pay a grant towards the cost of private transport arrangements to any other school.</p>	
Signed: _____ Date: _____	
Name (In Block Letters): _____	
Contact Phone No. for Parent(s)/Guardian(s): _____	
* Please refer to the terms of the School Transport Scheme for Children with Special Needs.	

Date received: SENO USE ONLY

D.

DECLARATION BY PRINCIPAL

I hereby confirm that:

the above named pupil is due to be enrolled or has already enrolled in this school.
I have discussed this application with the applicant's parents/guardians and
this application is supported by the Chairperson of the school's Board of Management.

Please provide any information you may have which may assist in determining the type of transport required.

Signed: _____

Date: _____

E.

REPORT OF SPECIAL EDUCATION NEEDS ORGANISER (SENO)

The required professional report(s) submitted meet with Department of Education and Science criteria.

- Yes
- No

The school named at section B is the nearest to the child's home that is or can be resourced to meet the child's special educational needs under Department of Education and Science criteria.

- Yes
- No - *if no, on what basis has this application been made (e.g. parental choice)*

Professional reports and/or information supplied by the relevant school authorities indicate that this pupil will require

- Escort,
- Wheelchair access,
- Harness,
- Other (e.g. specialised vehicle). (Please give details):

Please include here further information (if any) which is relevant to this application.

Signed: _____

Date: _____

SENO Area: _____

Application to NCSE for Assistive Technology

A.	<u>PUPIL DETAILS</u>
Name of Pupil: _____	
Home Address of Pupil: _____	
PPSN: _____	Date of Birth: _____
Date Enrolled in School: _____	Present Class/Year: _____
Category of Assessed Disability: _____ Code: _____	
B.	<u>SCHOOL DETAILS</u>
Name of School: _____	
Address of School: _____	
Roll No: _____	Phone No: _____
Name of Principal: _____	
C.	<u>APPLICATION DETAILS</u>
Equipment for which grant is sought: _____	

Estimated cost of equipment: _____	
D.	<u>PARENTAL/GUARDIAN CONSENT</u>
<i>(to be completed in all cases)</i>	
I/We, the undersigned, being the parent(s)/guardian(s) of the above named pupil confirm:	
that this application has been discussed with me/us and that I/we give consent to the school to apply for the Assistive Technology support identified above.	
that I am aware that all information relating to this application will be kept on file, and made available to the SENO/National Council for Special Education.	
Signed: _____	Date: _____
Name (In Block Letters): _____	
Contact Phone No. for Parent(s)/Guardian(s): _____	
E.	<u>DECLARATION BY PRINCIPAL</u>
I hereby confirm :	
that this application is supported by the Chairperson of the school's Board of Management.	
that in making this application full regard has been paid to Assistive Technology support services already allocated to and available in the school.	
that a relevant/required professional has stated that this equipment is necessary, and this documentation is attached	
that a quotation for the cost of the equipment is attached.	
I declare that the particulars given above are accurate, that the application conforms with Department of Education and Science guidelines, and that assistance in the use of the equipment will be provided by the school	
Signed: _____	Date: _____
<i>(Principal)</i>	

Date received: SENO USE ONLY

F.

Recommendation of SENO

Signed: _____

Date: _____

SENO Area: _____

SCHOOL SNA PROFILE FORM (to be completed by Principal in cases of all new applications for SNA support)

County:	School:	Roll No:	Principal's Signature:	Date:
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Table 1. Current SNA Staffing in the school

SEAS SNA post reference number <i>(to be assigned by SENO)</i>	Status of post (part-time hours, full-time - infant classes, full-time - full school day)	Number of hours per week	Name(s) of pupil(s) assisted	Class level/year	Quantity of additional teaching hours/ interventions availed of by pupil(s) (if relevant)	Name of SNA	Current care needs of pupil as per Cir. 07/02 <i>It is important to acknowledge diminishing care needs and encourage inclusion of pupil in mainstream class activities</i>
1							
2							
3							

Please make further copies if necessary

Table 2. Pupil for whom application is being made to the NCSE for SNA support

Pupil's name	Current class /yr	Quantity of additional teaching hours availed of by this pupil (if relevant)	How have this pupils care needs been addressed to date?	Is there capacity from within current SNA allocation to school to meet pupil's care needs?	Briefly outline care needs cited in professional report – only cite care needs consistent with the terms of Circular 07/02

Table 3. Pupils who meet the criteria for SNA support under Category 4/5(Emotional/Severe Emotional Difficulties)

<p>1. In the situation where SNA support is being sought to address behavioural difficulties, has the advice of NEPS or other professional been sought? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Has a behavioural management programme been implemented? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Has the school Discipline Code been followed in this case? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Have incidents been recorded that clarify nature, frequency and intensity of misbehaviour? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If so please attach)</i></p> <p>5. Have parents/guardians been notified on these occasions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

School Name: _____ Roll No: _____ School Email Address: _____

Pupils in receipt of resources currently enrolled who will not be in the school in September 2009

Pupil Name & Address		Gender	DOB	PPS No	Current Class	Disability Code (See Appendix 6)	Support Accessed			
1 st Name	Surname						SNA Access Individual /Shared	No of Resource Hours	Assist Tech	Transport
Address										
1st Name	Surname									
Address										
1st Name	Surname									
Address										

Signature of School Principal: _____

Date _____

School Name: _____ Roll No: _____ School Email Address: _____

List pupils previously in receipt of resources and who have left the school since the previous Application Submitted

Pupil Name		Gender	DOB	PPS NO	Dis Code <small>(See Appendix 6)</small>	Support Accessed			
1 st Name	Surname					SNA Access Individual /Shared	No of Resource Hours	Assist Tech	Transport

Signature of School Principal: _____

Date _____

Disability Codes

No	<i>Category of Special Educational Need</i>	Incidence
1	Physical Disability	Low
2	Hearing Impairment	Low
3	Visual Impairment	Low
4	Emotional Disturbance	Low
5	Severe Emotional Disturbance	Low
6	Borderline Mild General Learning Disability	High
7	Mild General Learning Disability	High
8	Moderate General Learning Disability	Low
9	Severe/Profound General Learning Disability	Low
10	Autism/Autistic Spectrum Disorders	Low
11	Specific Learning Disability	High
12	Assessed Syndrome	Low
13	Specific Speech and Language Disorder	Low
14	Multiple Disabilities	Low