An Chomhairle Náisiúnta um Oideachas Speisialta
National Council for Special Education

Senior SENO Decision

Name of School: _____

Address: _____
_____

Roll Number: _____

Details of Decision

Name of Pupil: _____

Date of Birth: _____ PPSN: _____

Address: _____
_____

SENO Decision under Appeal: _____

Insufficient grounds for Appeal: ☐

Decision Upheld ☐

Decision not Upheld ☐

If decision not upheld; new decision: _____

Rationale for Decision:

_____
_____
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_____
_____

You are now required to implement the outcome of this appeal with effect from _____ ☐
The SENO for your school will issue a revised DECSUM form by _____ ☐

Name of SSENO: _____ Date: _____