

Your address and contact details here

Director of Children's Services [*Insert title of the head of the service in your LA if different*]

[*Insert Address of LA*]

[*If you know email address of SEN Officer also send by email and add here:*

And by email to: [*insert email address*]

Dear Sir or Madam,

(child/young person's name) (date of birth) Request for EHC needs assessment

I am writing as the parent of the above child/young person to request an assessment of their Education, Health and Social Care needs under section 36 (1) of the Children and Families Act 2014.

(*Child/young person's name*) currently attends school/ college/ is out of school/ college. [*delete as applicable*]

I understand that the test that the LA must apply in considering this request is contained in section 36 (8) of the Children and Families Act 2014 and has two parts.

Part one of the test is that the child or young person has or may have special educational needs.

If your child has already been identified as having SEN by their school/ college then -

(*Child/young person's name*)'s has already been identified as having special educational needs by his current school/ college (name of school/ college). They identified them to include:

(*list SEN already identified by school/ college*)

Or

If your child has not yet been identified as having SEN by a school or college then –

We feel that (*Child/young person's name*)'s has or may have special educational because:

(list the reasons why you feel your child has SEN and any evidence you have to support what you are saying i.e. school reports, evidence of exclusions)

Part two of the test is that it may be necessary for special educational provision to be made for the child/young person through the issuing of an EHC plan.

My reasons for believing that my child/young person may need a EHC Plan are:

(list any reasons you have which show why you think that a EHC Plan may be needed i.e. specialist teaching, individual support, therapies)

I understand that you are required by law to reply to this request within six weeks and that if you refuse I will be able to appeal to the Special Educational Needs Tribunal.

Yours sincerely,

[*Your name*]

If on behalf of a young person:

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[*Your name*] on behalf of [*name of young person*]