PRIVATE AND CONFIDENTIAL

**Insert your address**

**Telephone number**

**Email address**

**[Insert name of Director of Children’s Services and address of local authority**

**This info can be found** [**here**](https://adcs.org.uk/contacts/directors-of-childrens-services)**]**

**[Insert date]**

Dear

**INSERT NAME OF CHILD OR YOUNG PERSON AND DOB: Request for EHC needs assessment**

**[I am the parent of [insert name of child or young person] or if a young person is writing in their own name, my name is** **[insert name of child or young person]** and am writing to request an Education, Health and Care needs assessment under section 36 (1) of the Children and Families Act 2014.

(Child/young person’s name) currently attends (name of school/college/is out of school/college.

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

1. The child or young person has or may have special educational needs.

**[Set out here details of:**

* **the child or young person’s special educational needs**
* **what steps the school or educational institution have taken to date to meet the child or young person’s special educational needs including any provision or any additional intervention or support provided under SEN Support**

**Alternatively, if your child is not receiving additional support in school, list the reasons why you feel your child has SEN and include any evidence you have to support this e.g. school reports, exclusions, medical reports etc.)**

1. It may be necessary for special educational provision to be made for child/young person through the issuing of an EHC plan

**List here the reasons why you believe you believe an EHC plan may be needed to meet your child/young person’s needs. It is helpful to show why the school may not be able to provide the support the child or young person out of their own resources. For example, you may have evidence of the need for input from a specialist teacher, or from a Speech and Language or Occupational Therapist that cannot be provided from the school’s resources.**

**It would be helpful to include any evidence you have that shows that, despite school putting interventions in place, your child or young person is not making progress.**

**I confirm an EHC needs assessment has not been undertaken during the previous six months.**

I understand I must be informed of the Local Authority’s decision within 6 weeks of the date the Local Authority receives this request.

Kind regards

Yours faithfully

**[insert name]**