

PRIVATE AND CONFIDENTIAL

Insert your address

Telephone number

Email address

[Insert name and address of local authority]

[Insert date]

- REQUEST FOR EHC NEEDS ASSESSMENT -

Dear

INSERT NAME OF CHILD OR YOUNG PERSON AND DOB

INSERT ADDRESS

[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 of the Children and Families Act 2014.

Reasons for request

I believe that [name] is entitled to an assessment of their needs because he/she requires special educational provision to meet their 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 any additional intervention or support provided
- rates of progress / attainment and why you think the child or young person is not making expected progress
- and where appropriate the provision that you think that they might need]

I am enclosing the following evidence in support of my request:

[List here any evidence that you wish to be considered. If possible, this should include a letter of support from the child or young person's SENCO or head teacher / principal]

[I confirm that an EHC needs assessment has not been undertaken during the previous six months] OR [although an EHC needs assessment has been completed within 6 months I consider it is necessary for a further assessment to be undertaken because [insert reasons here].

Steps you are required to take

I look forward to hearing your decision within 6 weeks of your receipt of this letter.

Please kindly acknowledge receipt of this letter by return.

Yours faithfully

[insert name]