PRIVATE AND CONFIDENTIAL

**Insert your address**

**Telephone number**

**Email address**

SEN Service, **Green Zone 2nd Floor**Kensington Town Hall,

Hornton Street, London, W8 7NX

**[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 from you by no later than **[insert date 6 weeks from the date of the letter].**

Please kindly acknowledge receipt of this letter by return.

Yours faithfully

**[insert name]**

**Please complete the consent form on the next page for the Local Authority**

**CHILD/YOUNG PERSON’S DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Forename:** |  | **Surname:** |  |
| **Home address:** |  | | |
| **Date of Birth:** |  | **Gender:** |  |
| **Ethnicity:** |  | **Religion:** |  |
| **Languages spoken at home:** |  | **Is interpretation required?** |  |
|  | | | |
| **Name of Parent/Carer :** |  | | |
| **Address:** |  | | |
| **Telephone:** |  | | |
| **Email address:** |  | | |
| **My preferred method of communication is:** | **Email Letters through the post** | | |
|  | | | |
| **Name of Parent/ Carer :** |  | | |
| **Address:** |  | | |
| **Telephone:** |  | | |
| **Email address:** |  | | |
| **My preferred method of communication is:** | **Email Letters through the post** | | |
|  | | | |
| **Name of Educational Setting:** |  | | |
| **Setting Address:** |  | | |
| **Year Group at time of request:** |  | **Unique Pupil Number:** |  |
|  | | | |
| **Name of GP Surgery:** |  | **NHS Number:** |  |
| **Address of GP Surgery\*:** |  | | |

|  |  |
| --- | --- |
| **So that the SEN Service can process this EHC Needs Assessment request it collects personal and sensitive information (such as reports from professionals) about you or your child’s educational and health needs. This information will be kept secure and for a period in line with our retention schedule. We will not use or share it without your consent except where, by law, we may be required to do so in order to prevent or detect a crime or harm to an individual. As well as this, we might share this information with third party EHC Plan writing agencies during busy periods in order to complete your Plan in good time. For the purpose of confirming you live at the address you have given on this form we may check your details against our council tax, electoral roll or other information held by relevant council departments. You have the right to request a copy of or correction to the information we hold about you, if inaccurate. If you wish to contact the SEN service, you can do so by emailing** [sen@rbkc.gov.uk](mailto:sen@rbkc.gov.uk) **.** | |
| I am a resident of Westminster (please delete as needed). | Y 🞏  N 🞏 |
| I give my consent for my residency to be checked against council systems, e.g. council tax  I understand that if I do not consent, this will cause delay to the EHC Needs Assessment process. | Y 🞏  N 🞏 |
| I agree that my request for an Education, Health and Care Needs Assessment can be shared with education, health and social care practitioners as appropriate and that existing information and advice that may support my request can be sought and shared. | Y 🞏  N 🞏 |
| I give consent for my child to undergo an Education, Health and Care Needs Assessment of his/her special educational needs should the Local Authority decide that this is required. | Y 🞏  N 🞏 |
| If an EHC Needs Assessment is necessary, I agree that information and advice about my child can be sought, gathered and circulated both to those who have contributed advice and to other practitioners, where appropriate. | Y 🞏  N 🞏 |
| If it is necessary to issue an Education, Health and Care Plan, I agree that the information collected can be shared and recorded with education, health and social care practitioners, my child’s current school or early years setting and the future school or early years setting where this is applicable. | Y 🞏  N 🞏 |
| I give my consent for my information to be shared with a third party EHC Plan Writer | Y 🞏  N 🞏 |
| Signature: | |
| Date: | |

**ONCE COMPLETED PLEASE RETURN THIS CONSENT FORM WITH PROOF OF ADDRESS TO:** The SEN Service,Kensington Town Hall, Hornton Street, London, W8 7NX **or preferably by secure email to** [**SEN@RBKC.gov.uk**](mailto:SEN@RBKC.gov.uk)

For office use only

|  |  |  |  |
| --- | --- | --- | --- |
| Date Received: |  | Response due by: |  |
| Case Officer: |  | Panel Date: |  |