**Parental Request**

**Education, Health & Care Needs Assessment**

***All of the parts of this letter in bold will need to be changed or deleted so that they are relevant to your situation.***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[Insert your address/ contact details]**

Wirral SEND Team

Wirral Council

PO Box 290

Brighton Street

Wallasey

Wirral

CH27 9PQ

[senreferrals@wirral.gov.uk](mailto:senreferrals@wirral.gov.uk)

**[Insert date]**

Dear SEND Team,

**[Child or young person’s name], DoB [date of birth]: Request for EHC needs assessment**

I am writing **[as the parent of the above child / on behalf of the above young person]** to request an assessment of their Education, Health and Care (EHC) needs 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 the Local Authority (LA) must apply in considering this request is contained in section 36(8) of the Children and Families Act 2014 and has two parts.

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

**[*Delete the paragraphs below which are not applicable]***

**[Child/young person’s name]** has already been identified as having special educational needs by **[name of early years setting/school/college]**. They identified them as:

***[It would be helpful if you could provide some details of your son/daughter’s special educational needs that have already been identified by nursery/school/college and include any information that you think might by useful- for example reports from nursery/school/college or other professionals. You can also add any other needs that you think your child has which may not yet have been identified.]***

***[OR]***

I feel that **[child/young person’s name]** has or may have special educational needs because:

**[Inset the reasons why you feel your child has or may have special educational needs]**

***[It would be helpful, if possible, to provide examples and any additional information you have to support what you are saying. This information, although not required, will help in developing an understanding of your child.]***

2. 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 **[child/young person’s name]** may need an Education Health & Care Plan (EHC Plan) are:

**[Insert reasons why you believe and EHC Plan may be needed for your child]**

***[It would be helpful to provide your views and any reasons you have which show why you think an EHC Plan may be needed to support your child in education or training, and any support that you would like to be provided.***

Support my child is already receiving

***[It would be helpful if you could inform the Local Authority of who is involved with your child. This is because if an EHC needs assessment is agreed, the Local Authority will seek advice from a range of people. The list is set out in Regulation 6(1) of the Special Educational Needs and Disability Regulations 2014. If you would like to share this information, please complete the table below. Please also indicate, by ticking the box, as to whether you consent to the Local Authority making contact with the particular agency, service or professional.***

***The local authority will comply with the request not to share this information, except in specified purposes, including when the sharing of information would be in the interests of the child or young person (9.11 onwards, SEND Code of Practice).***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Role** | **Name** | **Contact details** | **Report attached** | **Consent given to the LA to contact (tick to give consent)** |
|  |  |  | ☐ | ☐ |
|  |  |  | ☐ | ☐ |
|  |  |  | ☐ | ☐ |
|  |  |  | ☐ | ☐ |
|  |  |  | ☐ | ☐ |
|  |  |  | ☐ | ☐ |

### Closing statement

I understand that you are required by law to reply to this request within six weeks, and that if you refuse **[I / young person’s name]** will be able to appeal to the First-tier Tribunal (Special Educational Needs and Disability).

Yours faithfully,

**[Your name]**

**[Or]**

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

***(In all cases where this is a young person aged 16 or above this form must be signed by the young person themselves. Cases where this does not apply are only where the young person lacks the mental capacity to make a particular decision. In these circumstances this form can be signed on their behalf by their parent or a representative appointed on their behalf)***

**Submitting the request for an EHC Needs Assessment**

Electronic referrals by email should be sent to:

[senreferrals@wirral.gov.uk](mailto:senreferrals@wirral.gov.uk)

Paper referrals by post should be sent to:

Wirral SEND Team

Wirral Council

PO Box 290

Brighton Street

Wallasey

Wirral

CH27 9PQ

Please find Wirral’s Local Offer at <https://localofferwirral.org/>