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 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]**