***Request for an EHC 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.***

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**[Your address and**

**contact details including**

**email/phone number]**

SEND Team Manager  
SEND Team

BCP Council  
SEN Team  
C&YPL Offices  
Dolphin Centre  
Poole  
BH15 1SA

And by email to: [EHCNA@bcpcouncil.gov.uk](mailto:EHCNA@bcpcouncil.gov.uk)

[Date]

For the attention of Lisa Fuller,

Dear Madam,

**[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 Social Care 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 that the LA must apply in considering this request is contained in section 36(8) of the Children and Families Act 2014 and has two parts.

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 school / college]**. They identified them as:

**[*List the SEN already identified by school/college and provide any supporting evidence – for example reports from school/college or professionals. You can also add any other needs that you think your child has which have not yet been identified by your school/college.*]**

**[*Or:*]**

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

**[*List the reasons why you feel your child has SEN and any evidence you have to support what you are saying – for example school reports, evidence of exclusions, and letters from any medical or other experts.*]**

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 EHC plan are:

**[*List any reasons you have which show why you think that an EHC plan may be needed to support the child or young person in education or training. If you can, it would be helpful to provide evidence that the school may not be be able to provide the support the child or young person needs out of their own resources. Examples include a need for specialist teaching, individual support beyond what the school can provide, therapies from external specialists, or specialist equipment. Evidence could include reports from professionals or the school/college recommending particular support, and/or evidence that the child or young person is not making progress despite the school or college putting interventions in place.*]**

The two-part test outlined above is the only test to be applied under the law. I understand that it would be unlawful for a local authority to apply a higher threshold for accessing an EHC needs assessment. Furthermore, this legal test is different to that which must be applied in the decision about whether or not to issue an EHC plan. **[I / We]** believe that the local authority should carry out an EHC needs assessment to determine the full extent of **[child / young person’s name]**'s needs.

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 if on behalf of a young person:]**

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

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| **Authorisations** |

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| --- | --- | --- | --- |
| **For Parent(s) or Carer(s) Completing This Form** | | | |
| I consent to this information being used as a request for, or a contribution to, an EHC Needs Assessment. If the request is agreed, I consent to appropriate agencies including Education Services, the Health Service and Social Care, sharing and discussing relevant information relating to my child.  I confirm that I consent to psychological and medical reports being obtained for my child if the process goes ahead.  ***Data Protection At 1998*** *The Data Controller for BCP Council is Head of IT Services. This information is being collected for the purpose of administering referrals, but may be used for the wider purpose(s) of the provision of education services. When you complete this document, you are providing your consent for the Council to hold and use this personal information for these purposes. The information you provide may be disclosed to: other internal directorates, those with parental responsibility, healthcare, education establishments, other LAs, the DCSF, the diocesan boards, courts and tribunals.* | | | |
| **Parent(s)/Carer(s)** | **Name(s) (BLOCK CAPITALS)**  **and Relationship to child/young person:** | **Signature:** | **Date:** |
|  |  |  |

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| --- | --- | --- | --- |
| **For a Young Person Over The Age of 16 Completing This Form** | | | |
| I consent to this information being used as a request for, or a contribution to, an EHC Needs Assessment. If the request is agreed, I consent to appropriate agencies including Education Services, the Health Service and Social Care, sharing and discussing relevant information relating to myself.  I confirm that I consent to psychological and medical reports being obtained for myself if the process goes ahead.  ***Data Protection At 1998*** *The Data Controller for BCP Council is Head of IT Services. This information is being collected for the purpose of administering referrals, but may be used for the wider purpose(s) of the provision of education services. When you complete this document, you are providing your consent for the Council to hold and use this personal information for these purposes. The information you provide may be disclosed to: other internal directorates, those with parental responsibility, healthcare, education establishments, other LAs, the DCSF, the diocesan boards, courts and tribunals.* | | | |
| **Young Persons Name** | **Name(s) (BLOCK CAPITALS)**  **and Relationship to child/young person:** | **Signature:** | **Date:** |
|  |  |  |