*Your address and contact details here*

Manchester City Council

Children and Families and Education Services Directorate,

Education, Health and Care Plan Team,

Level 5,

PO Box 532,

Town Hall Extension,

Manchester,

M60 2LA

 Date

Email : sen@**manchester**.gov.uk

 Dear Sir or Madam,

**(Child/young person’s name) (date of birth) Request for EHC needs assessment**

I am writing as the parent of the above child/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.

(C*hild/young person’s name*) currently attends ..................... nursery/school/ college/ is out of nursery/school/ college. [*delete as applicable*]

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.

*If your child has already been identified as having SEN by their nursery/school/ college then -*

(*Child/young person’s name*)'s has already been identified as having special educational needs by his/her current nursery/school/ college (name of school/ college). They identified them to include:

*(List SEN already identified by school/ college)*

*Or*

*If your child has not yet been identified as having SEN by a nursery/school or college then –*

We feel that (*Child/young person’s name*)'s has or may have special educational because:

*(List the reasons why you feel your child has SEN and any evidence you have, to support what you are saying i.e., school reports, evidence of exclusions)*

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 my child/young person may need an EHC Plan are:

*(List any reasons you have which show why you think that an EHC Plan may be needed i.e., specialist teaching, individual support, therapies.*

**I** 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 will be able to appeal to the Special Educational Needs Tribunal. [SENDIST].

Yours sincerely,

[*Your name*]

*If on behalf of a young person:*

......................................

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