NAME & ADDRESS

 DATE

Mrs A Winstone

Strategic Lead

SEN Department

Thurrock Borough Council

Civic Offices

New Road

Grays

RM17 5TT

And by email to: awinstone@thurrock.gov.uk

 sen@thurrock.gov.uk

 Cc: info@patt.org.uk

Dear Mrs Winstone

 **Request for EHCP Needs Assessment**

**NAME: DOB:**

We are writing as the parent of the above child to request an assessment of his Education, Health and Social Care needs under section 36 (1) of the Children and Families Act 2014.

NAME currently attends SCHOOL

We 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 has or may have special educational needs.

We feel that NAME has special educational needs because: ---

Part two of the test is that it may be necessary for special educational provision be made for NAME through the issuing of an EHC plan.

Our reasons for believing that any future school placement may not be able to make the provision required to meet NAME’s needs are: ---

I attach a Family Views document, which will give a detailed picture of NAME’s difficulties.

I understand that you are required by law to respond to this request within 6 weeks and that if you refuse to undertake an assessment, I will be able to appeal to the Special Educational Needs Tribunal.

I look forward to hearing from you.

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Yours sincerely