Integrated SEND Team

Buckinghamshire Council

Walton Street Offices

AYLESBURY

HP20 1UY

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(Home address)

(Telephone)

(Email)

(Date)

Dear Sir or Madam,

**Re: Request for Education, Health and Care Needs Assessment**

**For (Child/Young Person’s name and date of birth)**

I am writing as the parent of the above child to request an assessment of his/her special educational needs under the 2014 Children and Families Act.

(Child’s name) attends (name of education setting).

I believe that (child’s name)'s special educational needs are as follows:

My reasons for believing that my child’s needs cannot be supported from within the resources ordinarily available within a mainstream education setting are:

I understand that you are required by law to reply to this request within six weeks of receiving this letter and that if you refuse, I will be able to appeal to the Special Educational Needs and Disability Tribunal.

Please find attached my signed consent form and parental health questionnaire.

I have also included any relevant reports that would support the application for example, reports from the child or young person’s setting, any medical assessments or independent reports from professionals such as educational psychologists, speech and language therapists, occupational therapists, and medical professionals.

Yours faithfully,

(Sign and print your name)

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| --- |
| Parent/carer information regarding seeking and sharing information about CYP undergoing an EHCNA |
| You automatically have parental responsibility if you are the CYP’s mother, if you have adopted the CYP, if you are the CYP’s father and are married to their mother, or you have been registered on the birth certificate as the father since December 2003. You do not automatically have parental responsibility if you are not married to your child’s mother or if you are not the natural or adoptive parent unless, since December 2003, you have been registered on the birth certificate as the father. Buckinghamshire Council has a responsibility to you and your family to ensure that we manage your personal information sensitively. This includes sharing your information appropriately with other services and storing your data securely. We are required to adhere to the requirements of the General Data Protection Requirements to maintain confidentiality and to obtain your consent when sharing your information with other professionals and organisations. All information relating to your EHCNA will be securely stored and will only be accessed by professionals involved in the assessment and the provision of services to your child. We must also share the assessment advice and EHCP (if agreed and issued) with your child’s current and future nursery, school, or college to ensure they have the full information to allow them to meet your child’s needs. This will happen following the completion of the EHCNA and possible future reviews. The information collected regarding your child’s EHCNA process may also be used for the planning and evaluation of provision for CYP with SEND. In some exceptional circumstances, for example, where there is a significant risk to a CYP’s safety, we may need to share information without consent. |
| Parent/carer consent |
| I agree with the decision to request an EHCNA and understand that this will involve sharing of information about my child between professionals who will support the local authority in deciding whether or not to proceed with an EHCNA. I agree that the local authority may proceed with an EHCNA and subsequent EHCP, if this is deemed appropriate. This also includes annual reviews. I agree that the local authority may share information about my child with relevant professionals who have been involved with my child in the past, who my child is waiting to see or may be asked for advice as part of an EHCNA, and that these professionals may provide information to the local authority if requested to do so. These may include:  |
| * Current/potential educational setting(s)
* Pupil Referral Unit
* Educational Psychologist
* Specialist Teachers
* Early Years/Portage Team
* Social Care
* Youth Offending Team
* GP
* Neurodevelopmental collaborative
 | * Community Paediatrician
* Speech and Language Therapist
* Occupational Therapist
* Physiotherapist
* Adult/Child and Adolescent Mental Health Services
* NHS (medical) Consultants
* Any other local authority or NHS related service involved
 |
| Parent/carer | Relationship to CYP | Signed | Date |
|  |  |  | 00/00/00 |
|  |  |  | 00/00/00 |