Integrated SEND Team

Buckinghamshire Council

Walton Street Offices

AYLESBURY

HP20 1UY

Email:

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Wycombe: [senwycombe@buckinghamshire.gov.uk](mailto:senwycombe@buckinghamshire.gov.uk)

Chiltern and South Bucks: [sencsb@buckinghamshire.gov.uk](mailto:senwycombe@buckinghamshire.gov.uk)

(Home address)

(Telephone)

(Email)

(Date)

Dear Sir or Madam,

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

**For (your name and date of birth)**

I am writing to request an assessment of my special educational needs under section 36 (1) of the Children and Families Act 2014. I attend (insert name of your school or college).

I believe that I need more help than the school or college is able to provide. My special educational needs are as follows:

* (Outline the difficulties you are having in education and at home, information about any diagnoses you have been given, an outline of any support you have been getting and who, if anyone, outside your school or college has given you support)

My reasons for believing that the school cannot on their own make the provision required to meet my needs are:

* (Outline your continuing concerns about your progress in relation to your peers, any increased behavioural difficulties, any progress through a SEN support programme)

I would like you to seek advice from the following people, who are involved in supporting me.

* (List the people who can give details on your special educational needs, such as your teachers, doctors or social workers. Give addresses where necessary)

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

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

I have also included any relevant reports that would support my application for example, reports from my 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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| --- | --- | --- |
| Young person consent to share information and seek advice from other professionals (to be completed by the young person concerned when over statutory school age) | | |
| You are a young person when you are no longer of statutory school age; from the end of June of Y11. As a young person, you should sign this consent form, unless you do not have mental capacity to do so. In that case, evidence of lack of mental capacity should be provided by your parents/carers. You should, however, be fully informed and involved in this process.  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 you.  We must also share the assessment advice and EHCP (if agreed and issued) with your current and future school or college to ensure they have the full information to allow them to meet your needs. This will happen following the completion of the EHCNA and possible future reviews.  The information collected regarding the 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 your safety, we may need to share information without consent. | | |
| Young person’s consent | | |
| I agree with the decision to request an EHCNA and understand that this will involve sharing of information about me 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 if this is deemed appropriate. This also includes annual reviews.  I agree that the local authority may share information about me with relevant professionals who have been involved with me in the past, who I am on the waiting list to see or who may be asked for advice as part of an EHCNA and these professionals may share information about me with the local authority, these may include: | | |
| * Current/Potential Future Educational Setting(s) * Pupil Referral Unit * Educational Psychologist * Specialist Teachers * 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 | |
| Young person | Signed | Date |
|  |  | 00/00/00 |