

**INSERT NAME AND ADDRESS OF**

**DIRECTOR OF EDUCATION**

**INSERT DATE**

For the attention of **DIRECTOR OF EDUCATION**

Dear **INSERT NAME**

**INSERT CHILD'S NAME (INSERT CHILD'S DATE OF BIRTH)**  
**Request for Education Health and Care Needs Assessment.**

I am writing as the parent of **INSERT CHILD'S NAME** to request an assessment of Education Health and Care needs. My request is made in accordance with **s36(1) of Part 3 Children and Families Act 2014**.

**INSERT CHILD'S NAME** is **INSERT CHILD'S AGE** years old and **he/she** currently attends **INSERT SCHOOL NAME AND ADDRESS**.

The test that the LA must apply in considering this request is contained in **Section 36(8) Children and Families Act 2014** and has two parts.

Part one of the test is that the child/young person has or may have special educational needs.

**INSERT CHILD'S NAME** has the following needs.

**INSERT CHILD'S NEEDS**

Part two of the test is that it may be necessary for special educational provision to be made for the child or young person through the issuing of an EHC plan.

The Special Education Provision that my **son/daughter** needs to allow **him/her** to access an education is:

**INSERT CHILD'S SPECIAL EDUCATIONAL PROVISION REQUIRED**

The two-part test outlined above is the only test to be applied under the law. It would be unlawful for a Local Authority to apply a higher threshold or a different test for accessing an Education Health and Care needs assessment.

You are required by law to reply to this request within six weeks, if you refuse, I intend to appeal to the First-tier Tribunal (Special Educational Needs and Disability).

Yours sincerely

**INSERT YOUR NAME**