**Young Person Request for Education, Health & Care Needs Assessment (EHC Needs Assessment)**

***All of the parts of this letter in bold will need to be changed or deleted so that they are relevant to your situation.***

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**[Insert your address/ contact details]**

Wirral SEND Team

Wirral Council

PO Box 290

Brighton Street

Wallasey

Wirral

CH27 9PQ

[senreferrals@wirral.gov.uk](mailto:senreferrals@wirral.gov.uk)

**[Insert date]**

Dear SEND Team,

**[Your name], DoB [date of birth]: Request for EHC Needs Assessment**

I am writingto request an assessment of their Education, Health and Care (EHC) needs under section 36(1) of the Children and Families Act 2014.

I am currently attending **[name of school/college]**

**OR**

I am currently not attending school or college.

**Delete one of the above**

I understand that the test the Local Authority (LA) must apply in considering this request is contained in section 36(8) of the Children and Families Act 2014 and has two parts.

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

**[*Delete the paragraphs below which are not applicable]***

I have already been identified as having special educational needs by **[name of school or college]**. They identified them as:

***[It would be helpful if you could provide some details of your special educational needs any information that you think might by useful- for example reports from school, college, or other professionals. You can also add any other needs that you think you have which may not yet have been identified.]***

***[OR]***

I feel that Ihave or may have special educational needs because:

**[Inset the reasons why you feel you have or may have special educational needs]**

***[It would be helpful, if possible, to provide examples and any additional information you have to support what you are saying. This information, although not required, will help in developing an understanding of your needs]***

2. 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 I may need an Education Health & Care Plan (EHC Plan) are:

**[Insert reasons why you believe you may need an EHC Plan to support you in education and/or training]**

Support I am already receiving

***[It would be helpful if you could inform the Local Authority of who you may already be working with. This is because if an EHC needs assessment is agreed, the Local Authority will seek advice from a range of people. The list is set out in Regulation 6(1) of the Special Educational Needs and Disability Regulations 2014. If you would like to share this information, please complete the table below. Please also indicate, by ticking the box, as to whether you consent to the Local Authority making contact with the particular agency, service or professional.***

***The local authority will comply with the request not to share this information, except in specified purposes, including when the sharing of information would be in the interests of the child or young person (9.11 onwards, SEND Code of Practice).***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Role** | **Name** | **Contact details** | **Report attached** | **Consent given to the LA to contact (tick to give consent)** |
|  |  |  | ☐ | ☐ |
|  |  |  | ☐ | ☐ |
|  |  |  | ☐ | ☐ |
|  |  |  | ☐ | ☐ |
|  |  |  | ☐ | ☐ |
|  |  |  | ☐ | ☐ |

### Closing statement

I understand that you are required by law to reply to this request within six weeks, and that if you refuseI will be able to appeal to the First-tier Tribunal (Special Educational Needs and Disability).

Yours faithfully,

**[Your name]**

**Submitting the request for an EHC Needs Assessment**

Electronic referrals by email should be sent to:

[senreferrals@wirral.gov.uk](mailto:senreferrals@wirral.gov.uk)

Paper referrals by post should be sent to:

Wirral SEND Team

Wirral Council

PO Box 290

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Please find Wirral’s Local Offer at <https://localofferwirral.org/>