# Personal, Private & Confidential

# # (Parent / Carer’s name)

# #

# #

# #

My Ref: EHC1b/#

Contact:

 Web: hull.gov.uk

Email: send@hullcc.gov.uk

Tel: 01482 616007

Date:

Dear #, (Parent / Carer’s name)

**# (CHILDS FULL NAME) (DOB: #)**

**Request for Statutory Assessment of Education, Health and Care (EHC) needs**

**Children and Families Act 2014**

This letter confirms that the Local Authority has received the request for an Education Health and Care needs assessment for **(CHILDS NAME),** received from **(SCHOOL NAME)** on **(DATE).**

In order to support the request for assessment, please find included with this letter a ‘parental contribution form’, which we would be grateful if you can complete and return at your earliest convenience.

We would also very much welcome any further views you may have about #’s **[child’s name]** education, health and care needs. There are a number of ways you can do this: in writing; verbally; by telephone; or email. If you wish to send any specialist reports or any other information/evidence, I would be pleased to receive them with your reply. Whichever way you choose, in order to comply with statutory timescales, we will need your information by # **[10 days from date of letter]**.

The LA will reach a decision whether or not an assessment will be progressed no later than **(DATE)**,which is week 6 of the 20-week process.

Please find attached a timeline, which explains the process further and which is also available electronically at [Senco handbook EHC assess and plan (mylocaloffer.org)](https://hull.mylocaloffer.org/s4s/WhereILive/Council?pageId=5460)

If you have any queries, please contact the SEND Assessment and Review Team via email SEND@hullcc.gov.uk or telephone on (01482) 616 007.

Yours sincerely

(**NAME**)

On behalf of the SEND Assessment and Review Team

Enc.

Copies to: SENCO / Headteacher, # **(Name of school/setting)**

Social Care

Health (0-19 Service)

Medical

For information and advice for people 0-25 with special educational needs and/or disabilities in Hull please visit – Hull Local Offer



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| --- |
| **Parent/Carer Information** **To support Education, Health and Care Needs Assessment Request** |
| **Child’s Name:** |  |
| **Date of Birth:** |  |
| **Name of Parent/Carer:**  |  |
| **Date of Completion:** |  |

Parents and Carers can access support to complete this form from the following places:

* Your Child’s School
* SENDIASS

**Website:** [www.kids.org.uk/Hull-sendiass](http://www.kids.org.uk/Hull-sendiass)

**Email:** enquiries.yorkshire@kids.org.uk

**Phone:** 01482 467 541

* Through conversation with the SEND Assessment and Review Team

**Email:** SEND@HullCC.gov.uk

**Telephone Number:** 01482 616007

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| **Parent/carer views**  |
| What do you hope will be achieved as a result of this request for Education Health and Care Assessment? | *Why is a request for assessment being submitted now?* *What do you hope this process will provide for your child?* *What difference would an EHC Assessment make?* |
| If an assessment is agreed I/we would like further or more up to date information to be requested from the following practitioners | *Are there practitioners who you would like up to date information or advice from if an Education, Health and Care Assessment is agreed?**This is an opportunity to identify those who know your child well and who are able to provide details on their strengths, difficulties and support which is in place or required.* *This may include people such as health or medical practitioners, family support or social workers, voluntary support agencies, youth group or after school club leaders etc.* |
| Is there any information you would like to share relating to your child’s Special Educational Needs to support a request for an Education Health and Care Assessment? | *This is an opportunity for parents/carers to provide additional information at this early stage if they wish. There is no requirement for this box to be completed.* |

**Please return this form, together with any additional reports that you wish to be considered to:**

**By post:** SEND Assessment & Review Team, Hull City Council, Brunswick House, Strand Close, Beverley Road, Hull, HU2 9DB

**By e-mail:** In Microsoft Word format to: SEND@hullcc.gov.uk

**By secure e-mail:** Please contact the SEND Assessment and Review Team (01482) 616007