|  |  |  |  |
| --- | --- | --- | --- |
| **Education, Health and Care (EHC)**  **Nursery/School/College parent/carer request for setting preference** | | | |
| **SEND Caseworker** | **Date Sent** | **Date Response Due** | |
|  |  |  | |
|  |  |  | |
| **Child/Young Person’s name** | | | **Date of Birth** |
|  | | |  |

|  |
| --- |
| **I would like to request that the following educational setting is consulted with following the issue of the Draft EHC Plan.** |
|  |
|  |
|  |
| **Name of Parent/Carer (or Young Person over 16) completing the form** |
|  |
| **Signature: Date:** |
| **Phone number:** |
| **Email:** |

Please return to the Local Authority

**By post:** SEND Assessment & Review Team, Hull City Council, 79 Lowgate, Hull, HU1 1HP

**By e-mail:** [SEND@hullcc.gov.uk](mailto:SEND@hullcc.gov.uk)

**By phone:** 01482 616007 (your choices will be recorded and forward to you case worker)