|  |
| --- |
|  **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** |
|  |  |

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| --- |
| **I would like to request that the following educational setting is consulted with following the issue of the Draft EHC Plan.** |
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|  |
|  |
| **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

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