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| --- | --- | --- | --- |
| **Response to Draft Plan** | | | |
| **SEND Caseworker** | **Date Sent** | **Date Response Due\*** | |
|  |  |  | |
| *\*If you need any additional time to respond back to the SEND Assessment & Review Team, please contact the SEND Caseworker to discuss so that an extension can be discussed.* | | | |
|  |  |  | |
| **Child/Young Person’s name** | | | **Date of Birth** |
|  | | |  |

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| --- | --- |
|  | **Please tick appropriate box:** |
| **I have read the content of the Draft Education Health and Care Plan and agree to this now being finalised.** |  |
| **Comments:** | |
| **I have read the content of the Notice of Amendments to the Education Health and Care Plan *and would like some amendments to be considered before the final plan is issued*. I have detailed these below and would like the SEND Assessment & Review Team to contact me to discuss these further before proceeding to issue a final plan.** |  |
| **Comments:** | |
| **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)