|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Email  |  |
| Telephone |  |

 Your contact details

|  |  |
| --- | --- |
| Send to |  |
| By post | Special Educational Needs (SEN) Team Southwark Children’s & Adults’ Services 4th Floor PO Box 64529London SE1P 5LX |
| By email | SEN@southwark.gov.uk |

|  |  |
| --- | --- |
| Date |  |

Dear Southwark SEN Team,

|  |  |  |  |
| --- | --- | --- | --- |
| Name of child/young person: |  | Date of Birth: |  |

I am writing as the parent/carer **[delete/amend as appropriate]** of the above named to request an assessment of their education, health and social care needs.

**[Child / young person’s name]** currently attends **[name of nursery/school/college or explain if a different situation applies, for example the child /young person is out of education, home-schooled or otherwise]** and has the following diagnosis: **[list any formal diagnosis that may have been received and explain if any appointments are awaited].**

My reasons for believing that an EHC plan is required are as follows:

**[Explain any areas of difficulty that the child / young person has, particularly in relation to the four broad areas of need listed below. Some examples of the type of information to include are provided:**

1. **Cognition and Learning - if delayed academically compared to children of a similar age, indicate by how many years or months if known. Explain any difficulties with focusing on activities beyond short periods, retaining information, reading or understanding of what has been read.**
2. **Communication and Interaction – explain any communication difficulties, for example, non-verbal, uses PECS (Picture Exchange Communication) or Makaton (signing), understanding and use of language compared to children or young people of a similar age.**

**How does he or she play and interact with siblings, adults or peers in an educational setting? Does she/he have and retain friendships?**

1. **Social, Emotional and Mental Health – include details of any issues related to anxieties, self-harming, challenging behaviour and how this may be displayed.**
2. **Sensory and/or Physical – include details of unusual responses to noises, touch, crowds, smells, taste. Mobility difficulties, lack of safety awareness, issues with handwriting and independence skills such as dressing, feeding, toileting, brushing teeth etc.**

**Also include details of any medical or social care needs and explain the type and level of support required.**

**Explain why you feel further support and interventions are required**.**]**

The following people are involved with my child and I would like you to obtain advice from them. **[List medical experts and other professionals involved with your child including the following if applicable: Speech and Language Therapist, Paediatrician, Social Worker, CAMHS etc**.**]**

Included below is a completed parental agreement form authorising you to obtain information from professionals and confirming my agreement to assessments being carried out.

I am also including copies of the following reports with this application for your consideration: **[list any reports that you have available and are able to share]**.

I understand that you have six weeks from receipt of this letter to decide whether or not to carry out an EHC needs assessment and look forward to hearing from you as soon as possible.

Yours sincerely

**[Add your name]**



**CHILDREN’S & ADULTS SERVICES**

**PARENTAL AGREEMENT TO PARTNER AGENCIES SHARING INFORMATION FOLLOWING A REQUEST FOR AN EDUCATION, HEALTH AND CARE NEEDS ASSESSMENT**

|  |
| --- |
| **CHILD’S DETAILS** |
| **Name** |  | **Date of Birth** |  |
| **Current school** |  |
| So that the Southwark Council SEN team (“the SEN team”) can respond to my request for an education, health and care needs assessment I agree that the SEN team can seek information already held about my child from Southwark Council’s Education services, Family Early Help, Social Care services, from any school or educational setting attended by my child and from Southwark CCG and any relevant Health Trusts in addition to any professionals I have asked you to contact. I also agree to the SEN team making referrals to any of the above services where it has been identified as appropriate by professionals considering my request for assessment and making referrals to any other service or organisation where its assistance is needed to identify the appropriate provision required for my child. I understand that any such referral will include relevant information held by the SEN team about my child. If the Southwark Council SEN team agrees to begin an education, health and care needs assessment of my child, I agree to a Medical Examination if required, an assessment by an Educational Psychologist, an assessment by any therapist as required (e.g. speech and language therapist) and for any information obtained by the SEN team relating to the assessment of my child, to be shared with all Services and partner agencies who are consulted in connection with the assessment process.Examinations and assessments are required as part of the Statutory Assessment process for education, health and care needs under the Children and Families Act 2014 and the SEND regulations 2014.  |
| **Parent/Carer Name****(In BLOCK CAPITALS)** |  |
| **Signed:** (type if submitting electronically) |  | **Date** |  |
| **Please confirm whether you have parental responsibility for the child named above** | **YES / NO** |  |

**DATA PRIVACY NOTICE**

Data protection legislation states that the Council can only process your data, if we have one of the following reasons to do it.

1. it is necessary to comply with a legal obligation,
2. it is necessary to fulfil a contract
3. it is in the vital interests of the data subject, e.g. life or death situations
4. it is in the official authority/public interest to process your data,
5. we have your consent,

By signing this form you have given us consent to process the data referred to.

Full details of the Council’s data privacy notice can be found on the Southwark Council website, or by contacting the council’s Data Protection Officer by email dpo@southwark.gov.uk telephone 0207 525 5000 or post:

Data Protection Officer

2nd floor Hub 1

PO Box 64529

London

SE1P 5LX