DATE:_____
Child's Name: _____
Date of Birth: _____
Address: _____

Dear SEND Team,

I am writing to request an assessment of their Education, Health and Care needs under section 36(1) of the Children and Families Act 2014..

1**. About my child**
Kind, funny, sensitive, curious, thoughtful Interests: gaming, animals, drawing, Lego, music, outdoorsStrengths: humour, empathy, creativity, honesty, problem-solving

2. **What my child finds difficult**

A. Cognition & Learning

- Struggles to understand new information
- Needs instructions repeated several times
- Needs information broken down into small steps
- Needs extra time to process instructions
- Finds multi-step tasks overwhelming
- Benefits from visual supports or demonstrations
- Difficulty copying from the board
- Difficulty transferring skills to new situations
- Struggles to plan or organise work independently
- Gets stuck and doesn't know how to start tasks
- Finds it hard to retrieve learned information
- Gives up quickly if uncertain
- Difficulty adapting to changes in tasks
- Difficulty remembering sequences or steps
- Forgets routines or instructions easily
- Forgets information they have just learned
- Needs constant prompting to stay on task
- Struggles with reading (decoding, pace, comprehension)
- Struggles with writing (handwriting, spelling, structuring ideas)
- Maths difficulties (number sense, sequencing, working memory)
- Unable to work independently without support
- Struggles to complete homework without adult help

B. Communication & Interaction

- Takes language literally
- Struggles with sarcasm, jokes, or indirect language
- Finds it hard to understand long sentences
- Needs clear, short, direct instructions
- Needs extra time to process spoken language
- Difficulty finding the right words
- Becomes upset when unable to express feelings
- Uses limited, simple, or repetitive language
- Communication breaks down under stress

- Speech may become unclear when overwhelmed
- Struggles to join group activities
- Not aware of danger- or lack's danger awareness
- Avoids peers or prefers adults
- Can be isolated during breaks or lunch
- Misreads social cues or body language
- Finds group work very stressful
- Interrupts or talks over others unintentionally
- Talks extensively about specific interests
- Difficulty taking turns in conversation
- Doesn't know how to start or end a conversation

C. Social, Emotional & Mental Health (SEMH)

- Finds it hard to manage strong emotions
- Meltdowns or shutdowns when overwhelmed
- Difficulty calming down without adult support
- Frustration leads to refusal or withdrawal
- Emotional reactions appear bigger than expected
- High anxiety related to school
- Worries excessively
- Panic when routines change
- Avoids certain lessons, rooms, or teachers
- Physical symptoms of stress (stomach aches, headaches)
- Any self harm/thoughts
- Masks in school but collapses emotionally afterwards
- Teachers unaware of level of need
- Exhaustion and fatigue

D. Sensory & Physical Needs

- Noise sensitivity (classrooms, canteen, hand dryers)
- Light sensitivity (fluorescent lights, bright rooms)
- Struggles in crowded or busy environments
- Avoids certain textures or materials
- Sensitivity to smells
- Constant fidgeting or movement
- Needs to pace or move around
- Chews clothing, hair, or pens
- Seeks pressure or deep touch
- Difficulties with fine motor tasks (writing, buttons, cutlery)
- Difficulties with gross motor tasks (balance, PE tasks)
- Pain, fatigue, or low stamina
- Medical needs impacting education
- E. Daily Living Skills (Sleep, Eating, Personal Care)
- Difficulty falling asleep
- Difficulty staying asleep
- Night waking or early waking
- Exhaustion affecting school attendance
- Sleep disruption affects concentration and learning
- Sensory-based eating challenges
- Limited range of accepted foods
- Food refusal

- Difficulties with textures, mixed foods, or smells
- Anxiety around eating in front of others
- Needs supervision or support at mealtimes
- Difficulty dressing independently
- Struggles with brushing teeth or hair
- Needs prompting for daily hygiene
- Needs support for bathing or washing
- Avoids certain clothing due to sensory issues
- Constipation or withholding
- Anxiety using school toilets
- Needs prompting to use the toilet
- Toileting accidents related to sensory or anxiety needs

3. **School / education situation**
Part-time timetable, reduced days,
EBSA (school avoidance – if so, add their attendance e.g 70%)
Exclusions (formal or informal)
Frequently overwhelmed/post school meltdowns and needs recovery time

4. **Progress and impact on learning**
Falling behind academically
Avoids schoolwork due to overwhelm
Needs adult help for most tasks

5. **What support my child needs**
1:1 support for learning or emotional regulation
Sensory breaks or quiet areas
Support with transitions
Therapeutic input (OT, SALT, mental health)
Help with daily living skills (toileting, eating, dressing)

6. **Diagnosis or assessment status**
Diagnosed conditions ASD/adhd/anxiety/Tourette's
On pathway for autism, ADHD, sensory processing, CAMHS
Needs recognised but no diagnosis yet/ Referrals made by GP/School. Waiting on OT/ SALT/ Physio – anything!

(Diagnosis is not needed for assessment btw)

8. **Why an EHC needs assessment is required**

We feel that an assessment is needed to fully understand our child's barriers, needs and level of support needed.

9. **The two part legal criteria**

Under Section 36(8) of the Children and Families Act 2014:

1. The child **has** or **may** have special educational needs,
2. The child **may** need special educational provision beyond what school normally provides.

Without a needs assessment, the full extent of my child's barriers and needs cannot be understood, and therefore we cannot know whether they **may** need an EHC plan.

10. **Legal confirmation**
I understand the above two-part test is the only lawful test the Local Authority may apply. I understand that it would be unlawful for the Local Authority to apply any higher threshold.

I look forward to receiving confirmation of assessment within six weeks, in line with SEND Regulations 2014 (Regs 3, 4, 5) and Section 36 of the Children's and Families Act 2014

11**. I will be sending you the following evidence as part of this request….**

These are ideas to prompt you, don't worry if you don't have it all! Just send whatever you can get hold of.

- NHS ASD diagnosis report
- NHS ADHD/anxiety diagnosis report
- Private diagnostic assessments
- Medical diagnosis letters
- ASD/ADHD referral forms (home or school)
- CAMHS referral and assessment letters
- Dyslexia screening
- Dyscalculia screening
- Language Link / Speech Link screening
- Mental health assessments from external agencies
- Occupational Therapy (OT) report or referral
- Speech & Language Therapy (SALT) report or referral
- Mental health reports from external services
- iSEND or specialist service referrals
- Annual ADHD review reports
- IEPs
- ADPR (access plan do review)
- SEN Support Plans
- Additional Needs Plans
- Pupil passports / student profiles
- Pupil views
- Provision maps
- SATs results (if applicable)
- Attainment or working-at level

- Intervention outcomes
- End-of-year school reports
- Incident logs / CPOMs
- Attendance logs
- Behaviour concern emails
- Evidence of sensory overwhelm or difficulties in crowds
- Home–school communication
- Emails from SENCO
- School referral forms for ASC/ADHD
- Letters or emails from external professionals supporting the child

My child meets the criteria under Section 36(8) of the CAFA 2014 for an EHCP needs Assessment. He/She/They meets this criteria as the answer is Yes to both of the following Points:

•Whether the child or young person has or may have special educational needs ("SEN");

And

•Whether they may need special educational provision to be made through an EHC Plan.

The SEN and Disability Code of Practice, which is statutory guidance and DOES NOT override law, contains further details. Paragraph 9.14 the Code states that;

"*the local authority should consider whether there is evidence that despite the early years provider, school or post-16 institution having taken relevant and purposeful action to identify, assess and meet the special educational needs of the child or young person, the child or young Person has not made expected progress"*.

The Local Authority should pay particular attention to:

•Evidence of the child or young person's academic attainment (or developmental milestones in Younger children) and rate of progress;

•Information about the nature, extent and context of the child or young person's SEN;

•Evidence of the action already taken by the school or other setting;

•Evidence that where progress has been made, it has only been as the result of much additional Intervention and support over and above that which is usually provided;

•Evidence of the child or young person's physical, emotional and social development and health Needs, drawing on relevant evidence from clinicians and other health professionals and what has been done to meet these by other agencies.

As shown in evidence that I/School/Nursery have supplied, whilst my child has made some progress/my child has made no progress/my child is progressing at an expected rate, they **may**

still need the additional support supplied by an Education Health care plan, and as such they must be assessed under current legislation.

Warm regards,
[Your Name]

Parent/Carer of [child's name]

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