***Requesting a re-assessment of education, health and care needs:***

***Model letter 2***

***All of the parts of this letter in bold will need to be changed or deleted so that they are relevant to your situation.***

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**[Your address and contact details]**

Director of Children’s Services **[or other title if different]**

**[Name of local authority]**

**[Address of local authority]**

***[If you know the email address of the Director also send by email and add here:]***

And by email to: **[insert email address]**

**[Date]**

For the attention of **[insert name of the Director of Children’s Services]**

Dear **[Sir or Madam]**,

**[Child or young person’s name], DoB [date of birth]: Request for re-assessment of Education, Health and Care needs**

I am writing **[as the parent of the above child / on behalf of the above young person]** to request a re-assessment of **[his/her]** Education, Health and Care needs under section 44(2) of the Children and Families Act 2014.

**[Child/ young person’s name]** has an EHC plan and **[attends [name of school/college] / is currently out of [school/college]]**.

I believe that **[child/ young person’s name]**'s EHC needs have changed as follows:

**[*Delete as necessary:*]**

**[**I believe that the special educational needs specified in Section B of the EHC plan no longer reflect their needs because **[*explain reasons/evidence for believing these needs have changed and detail changes to the EHC plan you believe are required.*]**.**]**

**[*And/or:*]**

**[**I believe that the special educational provision in Section F of the EHC plan is no longer suitable because **[*explain reasons/evidence for believing the provision required has changed and detail changes to the EHC plan you believe are required.*]**.**]**

**[*And/or:*]**

**[**I believe that the **[school / college]** named in Section I of the EHC plan is no longer able to meet **[his / her]** needs because **[*explain reasons/evidence for believing the current school/college is no longer suitable and explain why you believe a re-assessment is required to identify a suitable setting.*]**.**]**

I understand that you are required by law under regulation 25(1) of the SEN and Disability Regulations 2014 to reply to this request within 15 days of receiving it and that if you refuse I will be able to appeal to the First-tier Tribunal (Special Educational Needs and Disability).

Yours faithfully,

**[Your name]**

**[Or if on behalf of a young person:]**

**[Your name]** on behalf of **[name of young person]**