*Your address*

Special Educational Needs
County Hall
Taunton
Somerset TA1 4DY

*Date*

Dear Sir/Madam

**Re:** *child’s name, date of birth*

I would like to apply for an EHC plan for my child.

I include a completed Appendix A and *child’s name* views.

I am requesting an EHC Needs assessment and believe that *he/she/they* meets the criteria under the Children and Family Act 2014 Section 36 (8) (a) and (b) in that *child’s name* has a Special Educational Need and that *he/she/they* may need special educational provision to be made.

I also believe that this assessment will support me to fully understand *child’s name* needs.

I understand that this request must be considered and that I must have a response within 6 weeks of this application.

I look forward to hearing from you.

Yours faithfully

*Your signature*

*Your printed name*