

## EHCP Request Letter Template

### For parents requesting an Education, Health and Care Needs Assessment

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\*A SENDPath resource — parent-friendly, legally grounded, genuinely useful.\*

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> **How to use this template:** Fill in every section marked [LIKE THIS]. The notes in italics are for your eyes only — delete them before sending. Aim for 1–2 pages. Longer is not better; specific is better.

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*[Your Full Name]*

*[Your Address Line 1]*

*[Address Line 2]*

*[Town/City]*

*[Postcode]*

*[Your Email Address]*

*[Your Phone Number]*

*[Date — write in full, e.g. 19 March 2026]*

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**To:**

The SEN Team

*[Local Authority Name, e.g. Kent County Council]*

*[LA Address — find on your LA's website. For Kent: Sessions House, County Hall, Maidstone, ME14 1XQ]*

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**RE: Request for an Education, Health and Care (EHC) Needs Assessment — [Child's Full Name],  
Date of Birth [DD/MM/YYYY]**

\*[Note: Bold the subject line. It makes it easier for the SEN team to log and process. Some LAs have an online form — you can still attach this letter for a full written record.]\*

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Dear Sir or Madam,

I am writing to formally request that [Local Authority Name] carries out an Education, Health and Care (EHC) Needs Assessment for my child, **[Child's Full Name]**, under **Section 36 of the Children and Families Act 2014**.

\*[You do not need permission from the school to make this request. Any parent or young person (aged 16+) can request an EHC needs assessment directly from the local authority.]\*

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**Section 1: About My Child**

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| **Child's Full Name** | [First name, Last name] |

| **Date of Birth** | [DD/MM/YYYY] |

| **Age** | [Age in years] |

| **Current School** | [School name and full address] |

| **Year Group** | [e.g. Year 3] |

| **Current Setting** | [e.g. Mainstream primary school with SEN Support] |

\*[If your child has a diagnosis, include it here — e.g. "Diagnosed with autism spectrum disorder (ASD) in [month/year] by [professional name/NHS trust or private provider]." If they do not have a diagnosis, you can still request an assessment — the law does not require one.]\*

### Relevant diagnoses and/or professional involvement:

*[Child's Name] has the following identified or suspected needs:*

- [e.g. Autism Spectrum Disorder (ASD) — diagnosed [date] by [professional]]
- [e.g. ADHD — identified by [professional], currently awaiting formal diagnosis]
- [e.g. Developmental Language Disorder — identified by Speech and Language Therapist, [name], [date]]
- [Delete any that don't apply. Add others as needed.]

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### Section 2: Description of My Child's Needs

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\*[This is the most important section. Be specific and use examples. "Emma struggles to sit still" is weak. "Emma cannot sit in a classroom for more than 8 minutes without physical movement — this is documented in her October 2025 OT report" is strong. Use professionals' words where you can.]\*

*[Child's Name] experiences significant difficulties in the following areas:*

## **Learning and Education**

*[Describe your child's difficulties here. For example:]*

- *\*[Child's Name] is currently working approximately [X] years below age-expected levels in [reading/writing/maths/all areas]. Their teacher has confirmed this in their most recent report.]\**
- *\*[Despite daily 1:1 support, [Child's Name] requires constant adult prompting to begin and complete tasks. Without this support, they produce little or no independent work.]\**
- *\*[Child's Name] cannot access written text at their age level and requires all instructions to be given verbally and repeated multiple times.]\**

*[Write your version here — use your child's specific situation.]*

## **Communication and Interaction**

*[Describe your child's difficulties here. For example:]*

- *\*[[Child's Name] uses fewer than 20 words to communicate. They are unable to ask for help or tell an adult when they are in pain or distress.]\**
- *\*[[Child's Name] finds group discussions and unstructured peer interaction extremely difficult and avoids them entirely. Their Speech and Language Therapist has noted [X] in her report dated [date].]\**

*[Write your version here.]*

## **Sensory and/or Physical Needs**

*[Describe if relevant. For example:]*

- \*[[Child's Name] has significant sensory sensitivities — particularly to noise and touch. The school hall, playground, and PE lessons regularly result in [meltdowns/withdrawal/physical distress]. This is documented in [professional]'s report.]\*
- \*[[Child's Name] requires occupational therapy support to develop fine motor skills needed for writing. Without intervention, they cannot hold a pencil functionally.]\*

*[Write your version here, or delete this section if not applicable.]*

## Social, Emotional and Mental Health

*[Describe if relevant. For example:]*

- \*[[Child's Name] experiences severe anxiety about attending school. They have been absent for [X] days in the last [period] as a result. We have a letter from our GP confirming this.]\*
- \*[[Child's Name] has no peer relationships at school. They eat alone every day and are unable to participate in any unstructured social time.]\*

*[Write your version here, or delete if not applicable.]*

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## Section 3: What Has Already Been Tried

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\*[Show the LA that the school has already tried — and that it isn't working. Include dates where possible. If you have a SEN Support plan or an Individual Education Plan (IEP), refer to it here and attach a copy.]\*

*[Child's Name] has been receiving SEN Support at [School Name] since [date/term/year]. The following provisions have been made:*

- [e.g. A SEN Support plan, reviewed every term, in place since [date]]

- [e.g. 1:1 teaching assistant support for [X] hours per week]
- [e.g. In-school Speech and Language Therapy sessions, [frequency], delivered by [TA/SALT/name] since [date]]
- [e.g. Sensory breaks — [X] per day — recommended by Occupational Therapist [name], [date]]
- [e.g. Referral to CAMHS in [date] — awaiting assessment / currently under CAMHS care for [reason]]
- [e.g. Involvement of outside agencies: [list any — EP, SALT, OT, paediatrician, CAMHS, advisory teachers, etc.]]

\*[Note: If the school has done nothing, say so clearly: "To date, [School Name] has not provided any formalised SEN Support. Despite my repeated requests for a Support Plan since [date], none has been produced." This is actually useful information — it shows the system has failed your child.]\*

Despite these measures, [Child's Name]'s needs have not been adequately met. [He/She/They] continues to experience significant and consistent difficulties in school.

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## Section 4: Why an EHCP is Needed

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\*[Make the argument clearly. You're asking the LA to agree that the child's needs cannot be met from the school's notional SEN budget of £6,000 — they require more. Be direct.]\*

I believe an EHC Needs Assessment is necessary for the following reasons:

**1. Complexity of needs:** [Child's Name]'s needs are complex and require specialist assessment to fully understand and document. The school does not have the capacity to undertake this independently.

**2. Inadequacy of current provision:** Despite [length of time, e.g. two years] of SEN Support, [Child's Name]'s needs have not reduced — [he/she/they] has [made little progress / the gap between their attainment and their peers has widened / their mental health has deteriorated].

**3. Level of support required:** [Child's Name] requires a level of support that exceeds what a mainstream school can reasonably provide without additional funding and specialist involvement. Specifically, [he/she/they] requires [e.g. full-time 1:1 support / a specialist placement / regular input from NHS therapy services].

**4. The impact on our family:** [Optional but powerful — describe briefly how your child's unmet needs are affecting your family. For example: "[Child's Name]'s distress about school means [he/she/they] frequently cannot attend. As a family, we are [exhausted / struggling to manage / unable to meet their needs at home without support]."]

\*[You may also reference the SEND Code of Practice, paragraph 9.14, which sets out the criteria the LA must consider when deciding whether to undertake a needs assessment. The key question is: "Does the child or young person have or may have SEN? And may they need an EHC plan?" You don't have to prove they need one — only that they may need one.]\*

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## Section 5: Supporting Documents Enclosed

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I am enclosing the following documents in support of this request:

- Most recent school report ([term/year])
- SEN Support Plan / Individual Education Plan
- [Professional name and role]'s report dated [date] — e.g. Speech and Language Therapy Assessment
- [Professional name and role]'s report dated [date] — e.g. Occupational Therapy report
- [Professional name and role]'s report dated [date] — e.g. Educational Psychology assessment
- Letter from GP / Paediatrician regarding [diagnosis/recommendation]
- My own written summary of [Child's Name]'s needs [delete if not applicable]

\*[Include everything you have. Even a letter from a private professional counts. Even an old report is better than nothing. If you have nothing, say: "I do not currently hold formal reports but request that the LA arranges appropriate assessments as part of this process."]\*

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I look forward to receiving your decision within **6 weeks**, as required by the SEND Code of Practice and Regulation 6 of the SEND Regulations 2014.

Please confirm receipt of this request and provide your decision in writing to my address above.

Yours faithfully,

[Your Full Name]

[Relationship to child, e.g. Mother / Father / Guardian]

[Date]

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\*P.S. If you email this, request a read receipt and keep a copy. If you post it, use Royal Mail Signed For. You want proof they received it — the 6-week clock starts from the date they receive the request.\*

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## After You Send

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### What happens next:

1. The LA must acknowledge receipt and give you a decision within **6 weeks**
2. They can either **agree to assess** or **refuse** — both must be in writing
3. If they refuse, you have the right to **appeal to the SEND Tribunal** — and 98% of families who appeal win

**If they say no:** Contact [IPSEA](<https://www.ipsea.org.uk>) (free legal advice) or [SENDIASS](<https://kids.org.uk/sendiaass/>) in your local area.

**Keep a log:** Note every phone call, email and letter. Date it. Keep everything.

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\*Template produced by SENDPath (sendpath.uk) — last reviewed March 2026. Not legal advice. See [disclaimer] (<https://sendpath.uk/disclaimer.html>). For legal help, contact IPSEA on 0800 018 4016.\*