PRIVATE AND CONFIDENTIAL

**Insert your address**

**Telephone number**

**Email address**

 **[Insert name and address of local authority]**

**[Insert date]**

**- REQUEST FOR AN UPDATEON EHC NEEDS ASSESSMENT -**

Dear Sirs

**INSERT NAME OF CHILD OR YOUNG PERSON AND DOB**

**INSERT ADDRESS**

**[I am the parent of [insert name of child or young person] or if a young person is writing in their own name, my name is** **[insert name of young person]**

**On [insert date] I made a formal request for an** Education, Health and Care needs assessment pursuant to section 36 of the Children and Families Act 2014.

Regulation 5 of the Special Educational Needs and Disability Regulations 2014 says that the local authority should have notified me of the outcome of my request by within six weeks of the request– i.e. by [insert date].

Please can you confirm the outcome of my request by no later than [insert date in 7 days].

I look forward to hearing from you by return.

Yours faithfully

**[insert name]**