PRIVATE AND CONFIDENTIAL

**Insert your address:**

**Telephone number:**

**Email address:**

**Wandsworth Special Educational Needs Assessment Section (SNAS)**

**Town Hall**

**Wandsworth High Street**

**London**

**SW18 2PU**

**[Insert date]**

**YOUNG PERSON (16 to 25 years old) REQUEST FOR EHC NEEDS ASSESSMENT**

Dear Wandsworth, Special Needs Assessment Service (SNAS),

I am writing to request an Education, Health, and Care needs assessment for myself.

**Reasons for the request**

My name is [**INSERT NAME]** and **I** am entitled to an assessment of my needs because I need extra or different type of support to help me meet my goals/aspirations for the future.

I attend [**INSERT NAME of SCHOOL/COLLEGE HERE]**

**If you are not at school/college–please choose the sentence below:**

I am currently not attending a school/college (NEET)

**My aspiration/s and goal/s for the future is/are.**

***(Choose the ones that apply to you or add your own)***

* **To get a job or work experience in:**
	+ IT or digital media
	+ Creative arts (e.g., music, photography, design)
	+ Construction or engineering
	+ Childcare or education
	+ Health and social care
	+ Business or administration
	+ Hospitality or retail
* To go to college or university to study [insert subject]
* To build a social life and meet up with friends.
* To live independently and manage my own responsibilities.
* To volunteer or be part of my community or the area I live
* To feel confident and safe in public spaces
* To manage my own health and wellbeing

**I am not on track to meet my aspirations because.**

***(Choose the ones that apply to you and or add your own)***

* I need more time in education to gain qualifications or retake exams.
* I struggle with:
	+ Concentration and memory
	+ Processing information
	+ Staying organised and managing time
	+ Managing anxiety or low mood
	+ Understanding instructions or expectations

**I have not had access to:**

* + Work experience or volunteering.
	+ Career guidance tailored to my needs.
	+ Opportunities to build confidence in real-world settings.

**Support I currently receive from my school/college.**

***(Choose the ones that apply to you and/or add your own)***

* A laptop to help with writing and organising thoughts.
* Extra time in exams or assessments
* One-to-one support to talk through ideas or emotions.
* Access to a quiet space when overwhelmed.
* Help with planning and breaking down tasks.
* Use of coloured overlays or visual aids
* Support from a learning mentor or SENCO
* Modified or simplified instructions
* Access to wellbeing or counselling services

**Do you feel your current support is enough? Are you making progress?**

**If not, explain below why not.**

**My current support is not enough because I need more/or different type of support, for example, I need ……...**

***(Choose the ones that apply to you and add your own)***

* Help keeping up with lessons or training!
* Support with making and maintaining friendships.
* Guidance with self-care routines (e.g., bathing, dressing, grooming)
* Learning how to shop, cook, and manage money.
* Support to travel independently and safely.
* Help attending health appointments and managing medication.
* Building confidence to socialise outside of college
* Developing routines and coping strategies
* Support with communication and self-advocacy.
* Accessing community services and activities
* Managing sensory needs or emotional regulation
* Structured catch-up sessions outside of class
* Help understanding coursework and breaking down tasks.
* Mentoring or coaching for career planning
* Emotional wellbeing support (e.g., anxiety management)
* Training and experience in the job I want to do.
* Continued access to assistive technology (e.g., laptop, software)
* Help with transitions (e.g., moving from college to work or university)
* Support with communication skills and confidence building.
* Help with building routines and managing responsibilities.
* Support with sensory needs or mental health conditions.
* Access to supported internships or vocational training

**If I do not receive an EHC Needs Assessment, I believe ….**

***(Choose the ones that apply to you and/or add your own)***

* I will struggle to continue at college or access further education.
* I will miss gaining the skills and experience needed for employment.
* I will find it difficult to participate in lessons and social activities.
* I will become isolated and unable to pursue my career aspirations.
* My mental health and confidence may worsen.
* I may not be able to live independently or manage adult responsibilities.

**The evidence I have enclosed with this letter [is/are]**

***(Include the ones that you have available)***

* Progress/target review reports from school/college
* Letter from a learning mentor or keyworker
* Report from ADHD nurse or GP
* Reports from:
	+ Educational Psychologist
	+ Social worker
	+ Speech and language therapist
	+ Occupational therapist
	+ CAMHS or mental health services

**I understand that the local authority must respond to this request within 6 weeks.**

**Please let me know when you have received request by (texting/emailing or calling me) add your number/emailing here,**

Yours sincerely

 ,
**[Insert your name]**