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 an 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** believe that 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 goals for the future**

*(Choose or write the ones that apply to you)*

* I want to get a job in [e.g., IT, childcare, creative arts]
* I want to go to college or university
* I want to live independently
* I want to have a social life and meet friends
* I want to feel confident and manage my health

**What’s getting in the way**

* I need more time to finish my qualifications or retake exams
* I find it hard to concentrate, stay organised, or manage anxiety
* I haven’t had work experience or support with career planning
* I need help with understanding lessons or managing my emotions

**Support I get now**

*(Write what support you get and if it’s helping)*

* Laptop for writing
* Extra time in exams
* Someone to talk to
* Quiet space when I feel overwhelmed

Is this enough? Am I making progress?

**Support I need**

*(Choose what applies to you)*

* Help with learning and keeping up in class
* Support with friendships and socialising
* Help with self-care (washing, dressing, cooking)
* Support to travel independently
* Help managing health appointments or medication
* Support with anxiety or sensory needs
* Help with planning for work or further education

**Why this assessment matters**

Without this assessment, I will:

* Struggle to stay in college
* Miss out on job opportunities
* Feel isolated or anxious
* Not be ready for adult life

**Evidence I’ve included**

*(Choose what you’re sending)*

* School/college reports
* Letters from professionals (e.g., mentor, doctor, psychologist)
* Health or support service reports

**Follow-up actions**

* Please confirm you’ve received this letter
* I understand you must reply within 6 weeks
* I’m happy to give more information or meet to talk about my needs

Thank you for reading my request

Best wishes,

**[Insert your name]**