

Education, Health and Care plan

REPLY SLIP

Child/young person:

Date of birth:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Postcode

:

\_\_\_\_\_

I/we have read the draft EHC plan, the attached reports, the information sheet and the covering letter:

**AND:**

I am/we are happy with what the draft plan says and do not wish any changes to be made.

**YES/NO**

**OR:**

I/we should like to:

- make written representations to the authority about the content of the draft plan and enclose a letter for this purpose
- have a meeting with an officer of the authority to discuss the draft plan and the advice on which the plan was based

**YES/NO**

**YES/NO**

If **YES** to requesting a meeting, my/our reasons are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I/we would like to:

**EITHER** - express a preference for the following education provider:

Name of school/college/  
early years provider:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

My/our reasons for this preference are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR** - make representations for the following non-maintained or independent school/college not on the Secretary of States list:

Name of school/college education provider: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

My/our reasons for this request are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tick this box if you would like the Local Authority to consider preparing a Personal Budget. Personal Budgets is included within our Local Offer available on our website at [www.iwight.com/localoffer](http://www.iwight.com/localoffer).

**Signed:** (1) \_\_\_\_\_ (2) \_\_\_\_\_

**Name(s) (please print):** (1) \_\_\_\_\_ (2) \_\_\_\_\_

**Date:** \_\_\_\_\_

To be returned to:

**SEN Assessment & Review Team, Thompson House, Sandy Lane,  
Newport, Isle of Wight, PO30 3NA  
Tel: 01983 823470**