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## SEP FORM

### TORBAY LOCAL AUTHORITY

**PARENTAL REQUEST FOR SPECIALIST EDUCATION**

(sought by the Local Authority under Paragraph 8 of Schedule 27)

**Name of Child: Date of Birth:**

**Year Group:**

**School currently attending:**

Please complete this form and return to the Special Needs Team via email to [EHCP@torbay.gov.uk](mailto:EHCP@torbay.gov.uk)

**Choice of School**

What is your preferred specialist school for your child? *(Please write below)*

Would you like for your child/young person to be considered for any other specialist provision should they not be accepted for your first choice? *Please indicate second or third preference.*

|  |  |
| --- | --- |
| **Mayfield School** |  |
| **Combe Pafford School** |  |
| **Preston ASC provision** |  |
| **Brixham ASC provision** |  |
| **Spires ASC provision** |  |
| **STEPS provision** |  |
| **Chestnut SEMH Primary** |  |
| **Brunel SEMH Secondary school** |  |

You have a right to express a preference for a school of your choice. Whether the Authority would be able to meet such a preference will depend on a number of factors which are discussed in a multi-agency Panel which forms Consultation. You will be informed of the multi-agency Panel decision by letter in February 2022.

We **MUST** have parent/carer’s signature before a child/young person is discussed within the Panel.

Parent/Carer Name:

Parent/Carer Signature:

Dated:

Name of professional:

School Signature:

Dated:

**To be completed by the SENCO *(type in boxes to expand)***

|  |  |
| --- | --- |
| Child/young person’s Primary Area of Need: |  |
| Summary of child/young person’s needs: |  |
| Top up allocation in school and summary of level of provision required: | (100 words max) |
| Date of last Educational Psychology assessment *(please attach):* |  |
| Attainment over the last year: | *(example Autumn P8, Spring NC1B, Summer NC1B)* |
| Reasons for the need for specialist provision:  Parental view | (100 words max) |
| Reasons for the need for specialist provision:  School view | (100 words max) |
| Reasons for the need for specialist provision:  Any other professional | (100 words max) |

Please attach this to the Child/Young person’s Annual Review or Interim Review (from within the last 12 months) and latest Educational Psychology assessment (from within the last 24 months) and send it to [EHCP@torbay.gov.uk](mailto:EHCP@torbay.gov.uk) by the deadline of 1st December 2021.