



Department for Children, Adults and Health

**Date:**  
**Your Ref:**  
**Our Ref:**  
**Enquiries to:**  
**Telephone:**  
**Email:**

Dear

**RE:**

A copy of **XXXXXX** Draft Education Health Care (EHC) plan is enclosed for your information. The Local Authority has a duty to consult the parents' preferred school when certain conditions apply. We are satisfied that these conditions apply in this case.

Any views you express will be considered by the Local Authority before we make the final decision regarding the naming of the school in the Final EHC plan. You need to be aware that your views may need to be made available to parents.

Please complete and return the attached reply slip within 15 calendar days of the date of this letter. If I do not hear from you I will assume you have no objections to this placement. We will therefore issue the Final EHC plan naming your school in Section I.

Thank you for your assistance in this matter.

Yours sincerely,

XXXXXXX

SEND Case Coordinator  
0-25 SEND  
South Gloucestershire Council

Copy:File

Please return to: XXXXXXXX, SEND Case Coordinator, 0-25 Service, South Gloucestershire Council, PO Box 1955, Bristol BS37 0DE.

Or:

XXXXXXXXXX, SEND Case Coordinator, via SOFIE ☐ Business Support (0-25 Team)

### PLACEMENT CONSULTATION REPLY

South Gloucestershire Council is consulting with you in respect of a placement for the child/young person whose details are outlined below. The Special Educational Needs Code of Practice 2015 stipulates that where a child's parent or a young person makes a request for a particular nursery, school or post 16 provision the Local Authority MUST comply with that preference and name the preference in the EHCP unless:

- Placement would be unsuitable for the age, ability, aptitude or SEN of the child or young person OR
- The attendance of the child or young person there would be incompatible with the efficient education of others, or the efficient use of resource

In considering your response to this consultation please have regard to this and also to section 9.91- 9.94 of The Code of Practice which outlines the requirements in terms of reasonable steps that could be considered/taken to facilitate the parental preference. In accordance with The Special Educational Needs Code of Practice please ensure that you respond to this consultation within 15 days, if a response is not received then the LA MUST name parental preference unless the criteria listed above is evidenced.

Name of current School:				
Name of Child:		Date of Birth:	NCY	
Parental Preference:				
Local Authority Preference:				
Other Schools being consulted:				

The Governing Body is happy with the local Authority's proposals

The Governing Body would like the following comments to be considered by the Local Authority before provision is finalised, and I can confirm that

The Governing Body has had full regard to The Code of Practice and has considered all reasonable steps available to them.

Please ensure that a fully costed provision map is provided with this consultation reply in order that this can be considered by the Local Authority SEND Panel

Top up funding/ band Requested by School

Agreed Y/N

Funding Level Agreed

Placement agreed by Local Authority:

Y/N (if no detail rationale below):

Office Use Only: (Placement will only be confirmed once all of the actions below are complete)					
Parents Informed:	Yes/No	Date:		Signed:	
Agreed Provision Informed:	Yes/No	Date:		Signed:	
Start date agreed:	Yes/No	Date:		Signed:	
Start Date:					
Provisions not agreed informed:	Yes/No	Date:		Signed:	
Funding processed:	Yes/No	Date:		Signed:	
MOSAIC Amended:	Yes/No	Date:		Signed:	
Specialist Provision Spreadsheet updated:	Yes/No	Date:		Signed:	
Transport Required	Yes/No	Date:		Signed:	
Transport Requested:	Yes/No	Date:		Signed:	
Amendment Notice Issued:	Yes/No	Date:		Signed:	

Final Plan Issued:	Yes/No	Date:		Signed:	
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