PRIVATE AND CONFIDENTIAL

**Insert your address**

**Telephone number**

**Email address**

**[Insert name and address of the school]**

**[Insert date request was made]**

**The right to request an IDP notice**

Dear **[Head Teachers Name]**

**[Insert Name of child and Date of Birth]**

**[Insert Address]**

**I am the parent of the above and am writing to request that an IDP notice is given for my child.**

I understand that if you consider that my child has ALN and you give an IDP notice, then you will prepare an IDP within 35 school days of the date of the notice.

I believe that parents’ observations of their child are often crucial to the

identification of their child’s needs, and that schools will be open and responsive to such expressions of concern and take account of any information provided.

I understand that if an IDP notice is given to a child and a child’s parent it will confirm that —

* My child has additional learning needs for the purposes of Chapter 2 of Part 2 of the Act; and
* An individual development plan will be prepared for my child

I have outlined the reason for my request below.

**Reasons for request**

I believe that my child need’s meets the legal test for ALN since their learning difficulties/disabilities require provision that is additional to, or different from, that made generally for others of the same age in a mainstream maintained schools in Wales. (Chapter 2 Part 2 section 3)

I also understand that where a governing body is required to prepare an individual development plan for a child within 35 school days of moving to the new law, the governing body must have regard to the special educational provision provided to the child immediately before moving to the new law.

**Set out here details of:**

* **the child’s additional learning needs**
* **what steps the school have taken to date to meet the child’s needs including any provision and any additional intervention or support already provided**
* **why you think the child is not making expected progress**
* **any provision that you think that they might need**

I am enclosing the following evidence in support of my request:

**[List here any evidence that you wish to be considered.]**

I understand that when making this decision you will designate a person to be responsible for co-ordinating the actions required to make that decision and, if an IDP is required, to be responsible for preparing it. The date this request was made will be recorded along with a summary of my reasons why I believe my child has ALN.

I am very happy to meet with you to discuss my child’s needs further, however I understand that an **IDP notice or a no IDP notice should be sent within 15 school days of this request.**

I look forward to hearing from you

Yours faithfully

**[Insert your name]**