PRIVATE AND CONFIDENTIAL

**Insert your address**

**Telephone number**

**Email address**

**[Insert name and address of local authority]**

**[Insert date]**

**Requesting the LA to reconsider school decision to Cease to maintain an IDP**

**[Insert child or young person’s name]**

**[Insert Child‘s date of birth]**

**[Insert School Name]**

Dear Sir/Madam

I am the parent of the above childand am writing to request that you reconsider the school’s decision that a they no longer has ALN (which may lead to their IDP ceasing to be maintained)

I am dissatisfied with the school’s decision that my child no longer has ALN, and despite attempts to resolve this directly with the school, I would like to request that the local authority reconsiders the school’s decision under Section 32 of the Act.

I understand this provides me with a means of challenging the school’s decision. I am within the necessary 4 weeks within which to request the reconsideration of the school’s decision.

I understand you must make a decision and give the notification promptly and if your decision is that the IDP should cease to be maintained. Once made, I understand that the local authority’s decision replaces the school’s decision and is appealable to the Tribunal.

**Reasons for request**

I believe that my child need’s meet 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 would like you to reconsider this decision and consider the following information:

**[Set out here details of:**

* **the child’s additional learning needs (ALN)**
* **what steps the school have taken to date to meet those needs, including any provision and any additional intervention or support received to date**
* **the additional learning provision that you think that they might continue to need or have been receiving to date**

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

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

I have attached the school notification letter giving the decision, and the reason for the decision.

I look forward to hearing from you by no later than **[insert date 7 weeks from the date of the letter].**

Please kindly acknowledge receipt of this letter by return. I am also happy to meet to discuss my concerns further in an attempt to resolve this disagreement.

Yours faithfully

**[Insert name]**