PRIVATE AND CONFIDENTIAL

**Insert your address**

**Telephone number**

**Email address**

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

**[Insert date]**

**Request to identify ALN.**

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 you identify my child as having Additional Learning Needs (ALN).**

I understand that you will acknowledge my request within 15 school days. I would prefer this to be communicated to me by **[insert your choice here]**

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.

**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 ALP is needed and an IDP required, this person will be responsible for preparing it. I also understand that 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.

I look forward to hearing from you.

Yours Faithfully

**[Insert your name]**