**Template letter to request an assessment of need for your deaf child**

[POSTAL OR EMAIL ADDRESS OF DIRECTOR OF CHILDREN’S SERVICES AT YOUR LOCAL AUTHORITY]

[YOUR POSTAL OR EMAIL ADDRESS FOR THEIR RESPONSE]

Date: [DATE YOU SEND THE LETTER OR EMAIL]

Dear Sir/Madam,

**Request for an assessment of need for [INSERT NAME OF CHILD]**

I am writing as the parent of [INSERT NAME OF CHILD] to request an assessment under Section 17 of the Children Act 1989. My child is [INSERT DETAILS OF YOUR CHILD’S HEARING LOSS AND ANY ADDITIONAL NEEDS] and is, therefore, entitled to an assessment as they are disabled under Section 17(10)(c).

As a result of their needs, I believe that [INSERT NAME OF CHILD] may also be entitled to services under Section 2 of the Chronically Sick and Disabled Persons Act 1970 which could support them at home and in the community. I believe that [DELETE AS APPLICABLE: technology AND/OR special equipment AND/OR communication support] could make [INSERT NAME OF CHILD]’s life easier. I would also like an assessment to consider what social care support could be given to help them be more independent.

[OPTIONAL PARAGRAPH] I would also like the local authority to consider if there is any support that [DELETE AS APPLICABLE: I/we] as [DELETE AS APPLICABLE: parent/carer] can get to help meet [INSERT NAME OF CHILD]’s needs under Section 17ZD of the Children Act 1989.

Please let me know in writing that our request has been processed and ensure that we are provided with a copy of the needs assessment within a reasonable timeframe.

I look forward to hearing from you.

Yours faithfully,

[INSERT YOUR NAME]