**Governors Consultation Form**

regarding admission for a child/young person with an EHCP/Statement

**Child’s/Young person’s details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Forename |  | Surname |  |
| Date of Birth |  | Gender | M/F |
| Home Address |  | | |
| Name of parent(s)/carer(s) |  | | |
| Current Educational Setting |  | | |

Under current legislation the Authority is required to comply with the parent/carer/young person’s request for an educational placement if, on consideration of the views expressed by those consulted, the Authority determines that the placement is appropriate. The final decision as to whether to name the educational setting falls to the Authority.

**An educational setting cannot refuse to admit a child/young person solely because he or she has special educational needs**. Maintained schooling cannot be refused on the grounds that it is perceived to not be possible to cater for the child’s/young person’s needs in the maintained sector. The only acceptable reason for refusing a placement in a maintained school is if the placement would not be compatible with the efficient education of other pupils, and there are no reasonable steps that can be taken to prevent this incompatibility - this is only likely to be in very few exceptional cases.

Therefore in line with current legislation educational settings must demonstrate how they would make reasonable adjustments to include the child/young person.

**Please respond by completing the following sections, as appropriate**

1. I agree to the admission of ***Name*** to ***Name of educational setting***.

Yes

or

I have concerns *(please complete section b or c)*

1. I agree to the admission of ***Name*** to ***name of educational setting***, and I have included comments below regarding the reasonable adjustments needed in order to include **Name**:

|  |  |
| --- | --- |
| Reasonable adjustment that will be made to include ***NAME*** | Comments  *Would you like to request any support/advice to implement this?* |
|  |  |
|  |  |
|  |  |
|  |  |

1. I have concerns about ***Name of educational setting*** being named in the EHCP/Statement because *(please tick)*:

|  |  |
| --- | --- |
| The setting is unsuitable to the child’s/young person’s age, ability, aptitude or special educational needs |  |
| The child’s/young person’s placement would be incompatible with the efficient education of other pupils |  |
| The child’s/young person’s placement would not be an efficient use of resources |  |

If any of the statements in Section c) have been ticked, additional evidence **must** be provided below indicating which reasonable adjustments have been considered and why these are felt to be inappropriate:

|  |  |
| --- | --- |
| Reasonable adjustment considered | Reasons why this cannot be implemented |
|  |  |
|  |  |
|  |  |
|  |  |

Name (print):

Signature:

Title:

Educational Setting:

Date:

Please email your Planning Co-ordinator the completed form **by…………………………………,** using the email address provided at the top left hand corner of the attached consultation letter.

This form can also be found on the West Sussex County Council Local Offer:

https://westsussex.local-offer.org/.

Or return to: Special Educational Needs Assessment Team(SENAT), Room 72 East Wing, County Hall, Chichester, PO19 1RF,

**Please note:**

**If we do not hear from you by the date specified above, we will assume that you are in agreement with the placement and the EHCP will be finalised naming……………………………………………..School/College**