

YP Name)
(Address AND email address)

0-25 SEND Statutory Assessment Team
Learning and Communities

Plymouth City Council
Windsor House
Plymouth
PL6 5UF

T
E

01752 307409
SENadmin@plymouth.gov.uk
www.plymouth.gov.uk/sen

I have discussed my future educational plans with my Careers South West Personal Adviser and/or Special Educational Needs Coordinator (SENCo) and understand how an Education Health and Care Plan will contribute to supporting my further education and training.

I intend to take a course at
and feel this will provide the opportunity for me to study

I need help and support to

Date _____

Signed _____ (Student)

Signed _____ (CSW PA)

Signed _____ (SENCO)

OR

I consent to the ceasing of my Education Health and Care Plan dated _____ at the end of this academic year.

I have discussed this with my Careers South West Personal Adviser and/or Special Educational Needs Coordinator (SENCo) and understand that should the need arise, an assessment of my education, health and care needs can be applied for at a later date.

Date _____

Signed _____ (Student)

Signed _____ (CSW PA)

Signed _____ (SENCO)

Please complete this form and return it to the 0 – 25 SEND Team at the above address or via e-mail. If we do not hear from you by the end of the academic year, we will assume you would like to cease your statement and do not wish for it to be converted.