

How to complete SEND 35 Form

Request to Appeal Form



Section 1: Who is the appeal about?

A **child** under 16 years old

A **young person** aged 16 or over and under 25 years old

Surname

First name(s)

Gender

Male Female Other

Date of birth

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- If your child is under 16 you can tick the first box

- If your young person is 16- 25 you can tick the second box

- Fill out the child or young persons details



Section 2: What are you appealing against?

I am asking the Tribunal make a decision on the following issues (please tick all those that apply)

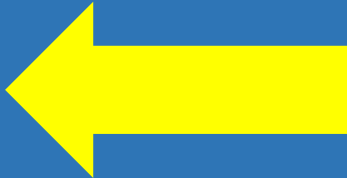
- The Local Authority secured an EHC assessment but refused to make an EHC plan
- The Local Authority has issued an EHC plan following an EHC Needs Assessment
- The Local Authority has refused to secure a Re-Assessment of EHC Needs
- The Local Authority has carried out an annual review of the EHC plan
- The Local Authority has refused to amend the EHC plan after an EHC Needs Re-Assessment
- The Local Authority has decided that the EHC plan is no longer necessary and are going to 'Cease to Maintain' the plan

and


- I disagree with what the EHC plan says about the child or young persons special educational needs (Section B)
- I disagree with what the EHC plan says about the educational help/provision the child or Young Person requires (Section F)
- I disagree with the school/college/institution named in the EHC plan (Section I)

or

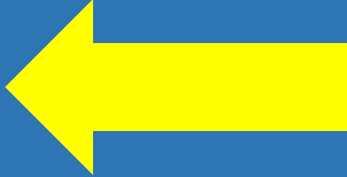
- The Local Authority has not named a school/college/institution in the EHC plan (Section I)



- Tick one of these boxes that best describes the reason why you are bringing the Appeal



- Tick one of these boxes that describes whether it is a section 'B, F or I' Appeal



- Only tick this box if the Local Authority have not named a school/setting at all

- *Please note: If you do not tick 'Section B & F' if it is also a 'Section I' appeal, you will not be able to make changes or amendments to these sections throughout the appeal process*
- *Please ensure you are fully happy with sections B and F if you are only selecting a Section I Appeal only*



If you are appealing against Section I of the EHC plan please provide the name and address of the school/college/institution that you are asking the Tribunal to name instead:

Name of school/college/institution

Address

Postcode

Please confirm that you have contacted the school/college/institution about the child or Young Person attending there, the date you did so and any response they made:

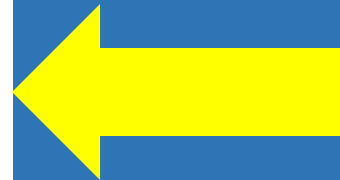
If you cannot name a particular school/college/institution, please describe the type of school/college/institution you would prefer in Section I:



- If you appeal includes Section I (school/ college placement) you will need to put the school/ setting you wish for your child to attend



- You will need to have contacted your preferred school to notify them that you wish for your child to attend their setting, include their response
- You can do this via an email to their school office



- If you do not know which particular school you wish for, you can state the type instead
- For example: Mainstream, Designated Special Provision (DSP) or Special School, etc

If you are asking the tribunal to make a recommendation for Health or Social Care needs.

- I disagree with what the EHC plan says about health
- I disagree with what the EHC plan says about social care



- If you would like to Appeal anything about Health or Social Care within the EHCP (Sections C, D, G, H1/ H2) you can tick these boxes, if not, you can leave them unticked
- Please note: The Tribunal cannot make decisions or direct Health or Social Care Services but they can make recommendations for these services to be reconsidered



Section 3: Reasons for appeal

I am bringing the appeal because (to be completed in all appeals):



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I disagree with the description of special educational needs (Section B of the EHCP) because:



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I disagree with the specification of special educational provision (Section F of the EHCP) because:



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- Here you need to write in the reason why you are appealing
- *For example: 'The Local Authority has refused to Issue an EHCP but I feel that my evidence suggests that an EHCP is required to support my child'*

- If you are only appealing Section I you can leave this blank or type 'N/A'
- If you are including Sections B (and F) in the appeal, you need to describe what things in Section B that you disagree with or if anything is missing regarding needs

- If you are only appealing Section I you can leave this blank or type 'N/A'
- If you are including Sections F (and B) in the appeal, you need to describe what things in Section F that you disagree with or if anything is missing regarding provision



The LA have not considered



A large, empty rectangular box for providing information about what the Local Authority (LA) has not considered.

I disagree with the LA's choice of school/college/institution (Section I of the EHCP) because:



A large, empty rectangular box for explaining why you disagree with the LA's choice of school/college/institution.


I prefer my choice of school/college/institution (Section I of the EHCP) because:



A large, empty rectangular box for explaining why you prefer your own choice of school/college/institution.


(please continue on a separate page if ne



- 
- You can use a separate page to describe this section if you need to
 - You can just type in this box 'see separate supporting page'
 - Or you can fill out the box on the page

- Here you could describe what you think the LA have not considered
- *For example 'The LA have not considered the professional report by X service/professional that states the support my child requires'*

- If you are not including Section I in the appeal, you can leave this blank or write 'N/A'
- If you are including Section I (school placement) in your appeal you can describe why you disagree with this section
- *For example: I believe that my child requires a Specialist school setting but the LA have stated mainstream*

- 
- Here you could describe the type of school you believe your child should have according to your professional evidence

Section 4: Reasons for asking for a recommendation for Health and/or Social Care

Where an application for a health and/or social care recommendation has been made the Local Authority will send a copy of the appeal form to the health and/or social care provider.

I disagree with the health care needs and health provision (Section C and G if concerning an EHC plan) because:

I want the Tribunal to make a recommendation about the health care needs and health provision (Section C and G if concerning an EHC plan) follows:

- If you did not tick the Health or Social Care appeal boxes, you can leave this section blank or type 'N/A'
- If you ticked the box that you disagree with Health needs/provision in the EHCP, you can describe the reasons why here
- *Please note that the Tribunal are unable to direct Health Services to amend but they can make recommendations to the Services*

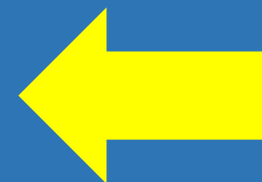
- If you did not tick the Health or Social Care appeal boxes, you can leave this section blank or type 'N/A'
- You can write here what you wish to include in recommendations



I disagree with the social care needs and social care provision (Section D and H if concerning an EHC plan) because:

I want the Tribunal to make a recommendation about the social care needs and social care provision (Section D and H if concerning an EHC) as follows:

(please continue on a separate page is necessary)



- If you did not tick the Health or Social Care appeal boxes, you can leave this section blank or type 'N/A'
- If you ticked the box that you disagree with Social Care needs/ provision in the EHCP, you can describe the reasons why here
- *Please note that the Tribunal are unable to direct Social Care to amend but they can make recommendations to the Services*



- If you did not tick the Health or Social Care appeal boxes, you can leave this section blank or type 'N/A'
- You can write here what you wish to include in recommendations



Section 5: Making the appeal



LA decision

Which local authority made the decision that you are appealing against?

What is the date on the decision letter from the local authority?

Late appeal or no mediation certificate

You must send your appeal to the Tribunal no later than 2 months from the date of the Local Authority's decision letter or within one month of the date of the mediation certificate, if later.

If the appeal is submitted to the Tribunal more than 2 months after the date of the Local Authority's letter or one month after the date of the mediation certificate, you must set out in writing the reasons for the delay and why you think the appeal would succeed if time for making the appeal is extended. If you do not do so, the papers will be returned to you without being registered or seen by a Tribunal Judge.

If you do not have mediation certificate you must set out in writing why you have not been able to get one. If you do not give an explanation, the papers will be returned to you without being registered or seen by a Tribunal Judge.

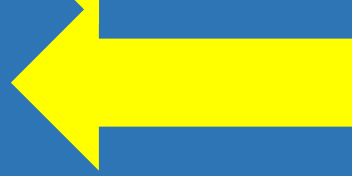
My appeal is being made late

I do not have a mediation certificate

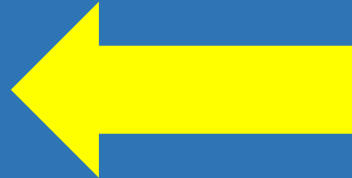
Please explain why this has happened:



- Leicester City



- The date that is on your 'Refusal to Assess' letter from the Local Authority



- You should already have your Mediation Certificate (see checklist if not yet obtained)
- If for any reason you were unable to get one, you can explain why here
- *Please note: The Tribunal is unlikely accept an appeal without this Certificate unless exceptional circumstances have arisen*

Section 6: Who is making the appeal?

I am making this application to appeal.

Please tick only one of these options – see page 1 for explanations:

- Parent or other – on behalf of a child under 16 years old
- Young Person – aged 16 and under 25 years old
- Alternative Person – making an appeal in the 'best interests' of a young person who does not have the Mental Capacity to bring an appeal themselves

A. Details of first person making the appeal

- Mr Mrs Miss Ms
- Other

Surname

First name(s)

If you are not the Young Person, what is your relationship to the Young Person e.g. parent, foster parent

Emergency contact

Home address

Postcode

Daytime phone number

Mobile phone number



- If you are the parent/ carer of a child under 16, you can tick the first box
- If your child is over 16, you will need to support them to fill out **their** details in this section (you as a parent can be added as their 'advocate' in another section)
- If the person is 16+ but does not have the Mental Capacity' for the Appeal (you will need to prove this professionally) you can tick 'alternative person'
- *Please note: If the person is 16+ and has mental capacity but is not able to complete the full form themselves, you can fill it out for them on their behalf if you have gained their permission to do so*

- Under 16- Fill out parent/ carer details
- 16+ **with** full Mental Capacity- Fill out their details
- 16+ who do not have Mental Capacity- Fill out parent/ carer details and provide evidence of capacity

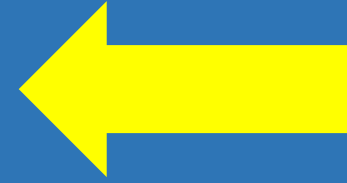


Section 7: Who else is involved in the appeal?

If any other person or organisation shares parental responsibility for the child or has been appointed as a Deputy by the Court of Protection for a Young Person, please give the name and contact details of each person or organisation and confirm that you have notified them of the appeal:

If you believe they should not receive details of the appeal, please explain why:

If any other court or tribunal has made an order concerning the child or young person, including the family court, you must provide the details:



- Here is where you can describe if any organisations share parental responsibility for the child or young person
- If this does not apply, you can simply write 'N/A' (non applicable)



Your advocate

If you are a Young Person making the appeal, do you have an advocate to support you to express your views. Who are they?

Mr Mrs Miss Ms
 Other

Home address

Surname

First name(s)

Postcode



- If the child or young person is under 16, you can fill out your details as their 'advocate' or
- If the young person is 16+ you can fill out your details as their 'advocate' or
- If you are being supported by a friend/ relative you can fill out their details with their permission as an 'advocate'
- *Please note; It is usually parents that are advocates for their children or just leave blank*

Your representative

Have you appointed a representative to support you in making the appeal? Yes No

Please provide their contact details

Mr Mrs Miss Ms
 Other

Contact address

Surname

First name(s)

Postcode



- If you have legal representation you can fill out this section, otherwise you can tick 'no'

Who should receive information about the appeal?

We can only send papers and documents to one of the people named on this form. If you do not say otherwise, we will send them to your representative.

Papers and documents should be sent to:

Young person Parent 1 Parent 2
 Advocate Representative



- Who should receive emails, documents or paperwork about the appeal



Section 8: The hearing – your needs and requirements

Please tell us here about any special needs you may have which we need to take into account when arranging your hearing. This might be things such as hearing loops or disabled access.

Question 1 – Your needs

Do you have any special needs?

Yes No

If Yes, please tell us about this in the box below

Question 2 – Your signer or interpreter and language requirements

Do you require an interpreter or signer to assist you at the hearing?

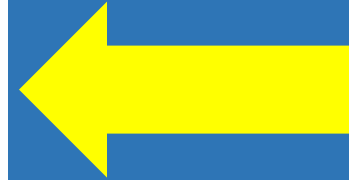
Yes No

If Yes, please tell us the language and dialect required below

Language or type of sign language interpreter

Dialect

We will arrange for a professional interpreter to be present at the hearing.



- Here is where you can describe any needs that you as a parent/ carer may have
- *For example: Visually or hearing impaired, etc*



- Here is where you can describe what support you might need if an oral hearing was to take place
- You can request an interpreter in a different language or any other communication support you may need



Section 9: Paper hearing

If the Tribunal agrees, do you agree that the appeal can be determined on the written evidence without an oral hearing? Both parties and a Judge must agree to the appeal being heard on the papers, only after the Local Authority's response has been received. Yes No

I consent to the final hearing of the appeal being listed on an earlier date if one becomes available Yes No

Existing claims/appeals

Is there another current appeal or claim in relation to this child or a sibling, that is being dealt with at the moment? Yes No

If Yes, please give the appeal number

- This is where you can state if you wish for a physical/ oral hearing (currently done online via zoom platform)
- If you do not want to attend a hearing and wish for an 'on the papers' hearing you can tick 'yes' but this means that a Judge will only look at evidence you submit and decide the outcome by paperwork and there will be no physical/ oral hearing

- If you have any other appeals open for the child or young person you should give details here



Section 10: Checklist

I confirm that the following documentation is enclosed with this appeal form:

- A signed and dated letter from the Local Authority giving you the right of appeal to HM Courts & Tribunals Service (**Local Authority decision letter**)
- A copy of the **signed mediation certificate** or I confirm that my appeal is about the school/college/institution or type of school/college/institution only whereby a mediation certificate is not necessary
- Your reasons for making the appeal (**see section 2 of the appeal form**)
- A copy of your child's EHC plan and all the documents listed in **Part K (where a plan has been issued)**
- The appeal form has been **signed and dated**

Section 11: Please sign below

1st Parent or Young Person's signature

If you are sending your appeal via email please type your name in the signature box.

2nd Parent signature

Representative signature

(a qualified lawyer can sign on your behalf with your permission)

Who are you representing?

- 1st Parent
- 2nd Parent
- Young Person

Date / /

- You can use this as a checklist to ensure you have all the documents that you need for your Appeal

- If your child is under 16, you can sign the 1st parent details
- If the young person is 16+ this will need to be **their** signature (with permission to put their name)
- If you are completing the form online you can type your name in the box
- Leave representative box blank unless you have appointed legal representation



Section 12: Sending us your appeal

When you have completed the appeal form and signed it, please send it and all other relevant documents to

Email: **send@hmcts.gsi.gov.uk** - write in the subject line of your email **'New Appeal'** to ensure it is dealt with quickly

HM Courts & Tribunals Service
Special Educational Needs and Disability Tribunal
1st Floor, Darlington Magistrates Court
Parkgate
Darlington DL1 1RU

Fax: 0870 739 4017

If you need to contact us by telephone our number is: 01325 289350



- You are now ready to send your Appeal to the Tribunal
- You can email directly to them and you will receive a 'receipt' that they have received it
- You can post it directly to them but you may wish to pay for recorded delivery and make sure everything you send is a copy due to personal documents. It may take slightly longer to process



When sending your appeal to the Tribunal please list all the documents and evidence you are sending in using a table format as shown below.

Date of document	No. of pages	Name of person who signed or wrote it and the type of document	What is the relevance of this document?
21.11.16	25 pages	Dr M. Smith, Educational Psychologist	Assessment of needs



- Here is where you can list any documents that you have included as evidence
- *For example: Medical reports, professional reports, diagnosis, school reports/ letters, etc*

