

## Request for a change of placement.

Please complete the below form if you are requesting a change of placement for your young person **with** an EHCP.

Young person's name :		DOB:	
Current School:		Contact details	
Date of last Final Amended EHCP:		Date of last EHCP review:	
Reason for request of placement Change:			
Is your young person's current school aware you are requesting a Change of Placement? (Please delete as appropriate)			
Yes:		No:	
Is your young person's current placement in support of this request? (Please delete as appropriate)			
Yes:		No:	
Please outline reason's why they support this request below:			
Has there been a recent review meeting held to look at support within the current setting? If yes, please provide more detail as to what was shared here below			
Yes:		No:	
Has there been any support from the SEND Teaching Team provided? If yes please provide details of the team member and what support and impact was recommended/ reviewed below.			
Yes:		No:	
Please list school choice below (Add more lines if more than one choice, completing all parts for each school):			
1.			

Have you visited the school?	
Yes:	No:
Please provide details of why you believe this provision can meet need of your young person based on the entry guidance for the school and to the needs of your child as documented in their EHCP below (entry guidance for our local specialist provisions is provided on the Local Offer following this <a href="#">link</a> ):	
I am aware that my request for a change in placement will lead to a consultation request being sent to the preferred school choice and the school will formally respond through this process: Yes / No	
I am aware that the LA may also consult with schools/settings they believe are appropriate to meet need: Yes / No	
I am aware that my young person will be added to Specialist Placement Admissions Placement (SPAP) and my Lead LA officer will contact me with any updates via email following the next SPAP <i>(Please note you will not receive communication in between this period unless further information is requested via the school/SEND Team)</i> : Yes / No	
Signed:	Date:
Relation to young person:	

Please send this form to [EHCP@Milton-Keynes.gov.uk](mailto:EHCP@Milton-Keynes.gov.uk) with the title 'Change of Placement Request'