**[Your address and contact details]**

**[Name Of School]**

**[Address of school]**

**[insert email address]**

**[Date]**

**Representations on a ‘NO ALN decision**

**and request for meeting to discuss**

[**Child’s name**], [**date of birth**]:

Dear Sir/Madam

**I am writing as the parent of the above to disagree with the decision made by the school in relation to the ‘No ALN decision’.**

I disagree with the school decision and believe my child’s needs meet the legal test for ALN since their additional learning needs require provision that is additional to, or different from, that made generally for others of the same age in a mainstream maintained schools in Wales. (Chapter 2 Part 2 section 3)

I do not feel that the information below has been fully taken into account and would like to make the following representations and ask for a meeting to discuss it.

I understand that I can also request that the local authority reconsider this decision.

**Summary of reasons**

**[Set out your comments here and amend or delete anything in bold below according to your child’s situation]**

* **Give information about the nature, extent, and context of your child’s ALN, including any action already being taken to meet your child’s needs.**
* **Provide details on any additional educational provision provided to your child and what additional support you feel is required to meet your childs needs.**
* **I have evidence of my child’s physical, emotional and social development and health needs, with relevant evidence from health professionals, and what has been done to meet these by other agencies [give details………].**
* **[Include any communication from the school regarding the additional learning provision provided]**

Please acknowledge receipt of this letter by return.

Yours faithfully,

**[Your name]**

**[Or if on behalf of a young person:]**

**[Your name]** on behalf of **[name of young person]**