**Appeal Number:**

**Name of child:**

**IN THE FIRST-TIER TRIBUNAL SPECIAL EDUCATIONAL NEEDS AND DISABILITY**

**BETWEEN:**

**Applicant**

**And**

**Respondent**

**STATEMENT OF**

**Full Name** **:**

**Occupation** **:**

**Address** **:**

1. INTRODUCTION

(confirm name, job role, qualifications and set out nature of current involvement with the child and duration of involvement)

1. CHRONOLOGY

(provide timeline of significant events relating to CSC involvement with the child, including any assessments undertaken)

1. CHILDS IDENTIFIED NEEDS

(provide summary of child’s identified needs with reference to any supporting assessments)

1. PROVSION REQUIRED TO MEET THE CHILDS NEEDS

(outline any provision/interventions it has been identified are necessary for the child and how this will  meet the child’s identified needs as set out in section 3 above,  with full reasons and reference to any supporting assessments)

1. CONCLUSION

(summarise the proposed provision  and confirm if this does/does not meet with the parents requests.  If it does not, explain why it is considered the provision requested by parents is not required/necessary, with reference to any supporting assessment/evidence.  Set out any steps taken to seek to resolve/narrow areas of dispute )

This statement is true to the best of my knowledge and belief and I make it knowing that it may be placed before the court

Signed

Dated