**Parent letter to request evidence from a Teacher of the Deaf (ToD) for a Disability Living Allowance (DLA) claim**

Dear [NAME OF YOUR CHILD’S TEACHER OF THE DEAF],

I am making a claim to the Department for Work and Pensions (DWP) for Disability Living Allowance (DLA) for my child.

**Name:** [YOUR CHILD’S FULL NAME]

**Date of birth:** [YOUR CHILD’S DATE OF BIRTH]

Please could you write a letter explaining how my child’s hearing loss/deafness affects them throughout the day, so that I can send it to DWP as evidence of their needs. The information will help DWP decide if my child satisfies the tests for an award of DLA.

**Please provide your response to the questions below on headed paper with the date, your job title, and signature. If you do not have information to answer all the questions, I would be grateful if you could answer the questions that you can.**

**Teacher of the Deaf (ToD) Questions**

1. Can you provide a brief outline of the background to your professional involvement with my child?
2. Can you explain any technology that my child uses in school, such as a radio aid, and explain what the technology does and why they need it?
3. If they use technology at school, is it available to them outside of class? If not, would you expect my child to have difficulty due to their hearing loss when outside the classroom setting?
4. Does my child have any other help in or out of class? Please give details.
5. Can my child follow everything the teacher is saying when there is background noise, including other children talking?
6. Is my child able to follow what other children in class are saying?
7. Are there any risk assessments or additional instructions for staff about supporting my child on school trips due to their hearing loss and/or technology?
8. If my child is 14+, do they have any special arrangements for exams agreed by the examination board? Please give details.

Thank you for your help.

[YOUR FULL NAME]