



# SEND Portal

User Guide - Education Settings

Updated February 2023

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Record of Updates	What's new?
<b>February 2023</b>	<p><b>Key Changes</b></p> <p>Renamed Section 3 – Submitting a request for assessment after receiving a Funded My Support Plan to Section 4 - Submitting a request for assessment after receiving a Funded My Support Plan</p> <p>Added Section 3 – Applying for a funded My Support Plan (Early Years Only)</p>
<b>January 2023</b>	<p><b>Key Changes</b></p> <p>Added Section 3 - Submitting a request for assessment after receiving a Funded My Support Plan</p>

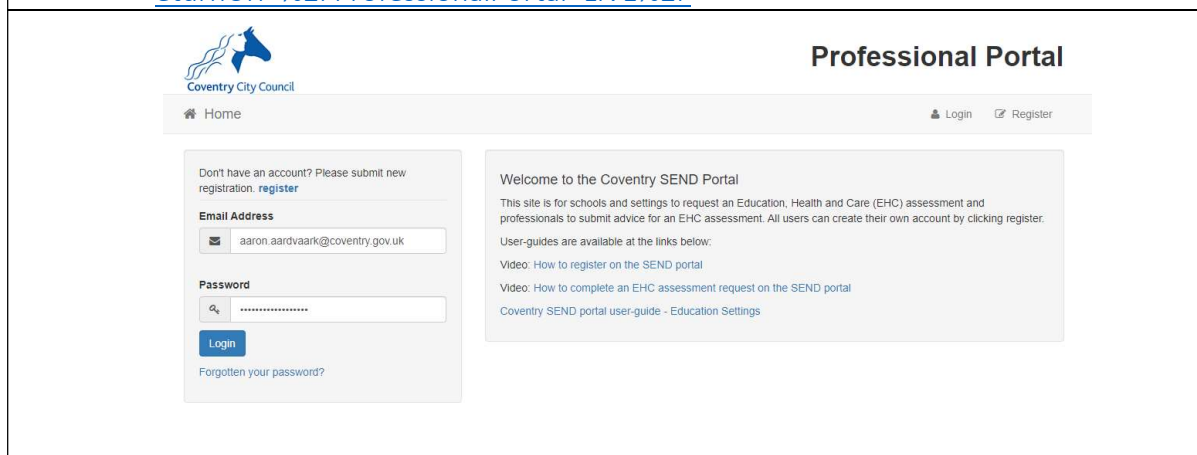
<b>July 2022</b>	<p><b>Key changes</b></p> <p>Section 2 – Annual Review Feedback form</p>
<b>May 2021</b>	<p><b>Key changes</b></p> <p>Section 1.6 – Providing further information to support the application</p> <p>Section 1.7 – Providing further information to support the assessment</p> <p>Changes to EHCNA application forms (see Appendices for screenshots)</p> <ul style="list-style-type: none"> <li>- About Me template embedded as part of the application form</li> <li>- Schools EHCNA application form (My Support Plan) simplified to allow upload of evidence for each cycle alongside summary comments to illustrate graduated approach to support</li> </ul>

# 1 SEND Portal User-Guide (Settings)

## 1.1 Registering on the SEND Portal

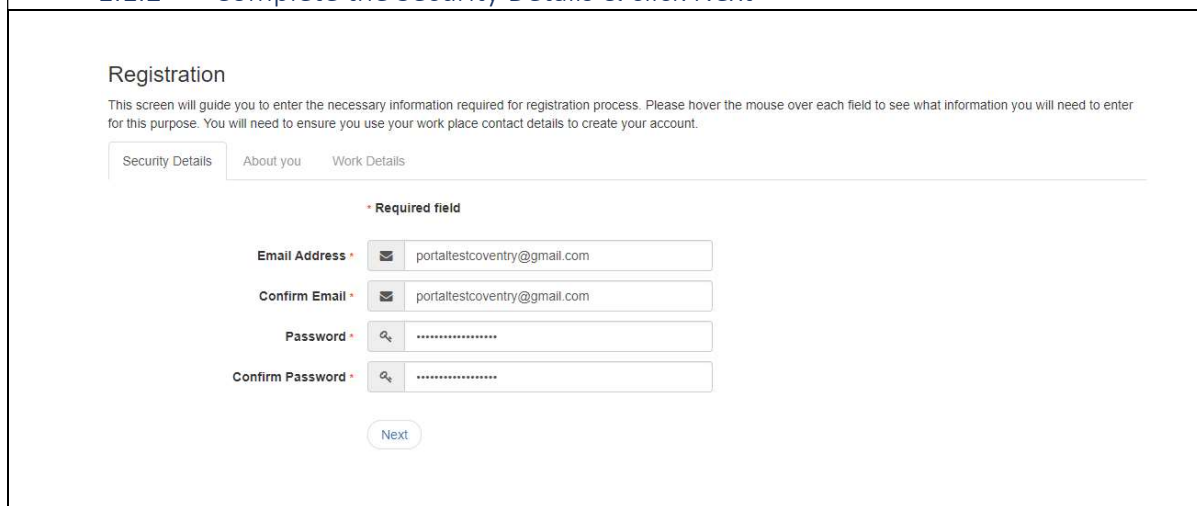
1.1.1 Visit the below URL & click Register

[https://emsonline.lea.coventry.sch.uk/ProfessionalPortal\\_LIVE/Account/Login?ReturnUrl=%2FProfessionalPortal\\_LIVE%2F](https://emsonline.lea.coventry.sch.uk/ProfessionalPortal_LIVE/Account/Login?ReturnUrl=%2FProfessionalPortal_LIVE%2F)



The screenshot shows the Coventry SEND Portal login page. At the top left is the Coventry City Council logo. The page title is "Professional Portal". There are navigation links for "Home", "Login", and "Register". A "Login" button is visible. Below the navigation is a registration form with fields for "Email Address" (containing "aaron.aardvaark@coventry.gov.uk") and "Password". A "Login" button is below the password field, and a link for "Forgotten your password?" is at the bottom. To the right of the form is a "Welcome to the Coventry SEND Portal" message, stating that the site is for schools and settings to request an EHC assessment and professionals to submit advice for an EHC assessment. It also provides links for user-guides: "Video: How to register on the SEND portal" and "Coventry SEND portal user-guide - Education Settings".

1.1.2 Complete the Security Details & click Next



The screenshot shows the Coventry SEND Portal registration page. The title is "Registration". Below the title is a message: "This screen will guide you to enter the necessary information required for registration process. Please hover the mouse over each field to see what information you will need to enter for this purpose. You will need to ensure you use your work place contact details to create your account." There are three tabs: "Security Details", "About you", and "Work Details". The "Security Details" tab is active. Below the tabs is a "Required field" section with four input fields: "Email Address" (containing "portalttestcoventry@gmail.com"), "Confirm Email" (containing "portalttestcoventry@gmail.com"), "Password" (containing "....."), and "Confirm Password" (containing "....."). A "Next" button is at the bottom.

## 1.1.3 Complete the About You details & click Next

### Registration

This screen will guide you to enter the necessary information required for registration process. Please hover the mouse over each field to see what information you will need to enter for this purpose. You will need to ensure you use your work place contact details to create your account.

Security Details   **About you**   Work Details

<b>Title *</b>	<input type="text" value="Mr"/>
<b>Forename *</b>	<input type="text" value="Aaron"/>
<b>Surname *</b>	<input type="text" value="Aardvaark"/>
<b>Gender *</b>	<input type="text" value="Male"/>

[Previous](#)   [Next](#)

\* Required field

## 1.1.4 Complete your Work Details & click Submit registration

### Registration

This screen will guide you to enter the necessary information required for registration process. Please hover the mouse over each field to see what information you will need to enter for this purpose. You will need to ensure you use your work place contact details to create your account.

Security Details About you **Work Details**

Professional Role \*

Organisation Name \*

To find your work address please enter your postcode and then click Find Address. If your address is not listed, press the 'Enter Address Manually' and type the correct address in the boxes provided

[Use Another Address](#)

House Number

House Name

Building Name

Street Name

District / Village

Town

County

Postcode \*

Country

Please supply a telephone number where you can be contacted during normal office hours, if necessary.

Mobile Number

Work Phone

If you would like to add another Professional Role to your account, please navigate to "My Account" once you have completed your registration.

[Previous](#)

[Submit Registration](#)

## 1.1.5 You will then be sent an e-mail to verify your e-mail address, click on the link in the e-mail and return to the log-on screen to enter your user credentials

### Professional Portal activation Inbox x

sen@coventry.gov.uk  
to me ▾

Dear new portal user,

Thank you for registering with the Coventry SEND Portal.

To activate your account we need you to confirm your email address is valid. To do this, please click on the link below.

[https://emsonline.lea.coventry.sch.uk/ProfessionalPortal\\_LIVE/Account.Mvc/CompleteRegistration/68613\\_85577e5-e158-4b31-8468-def9f4285be2](https://emsonline.lea.coventry.sch.uk/ProfessionalPortal_LIVE/Account.Mvc/CompleteRegistration/68613_85577e5-e158-4b31-8468-def9f4285be2)

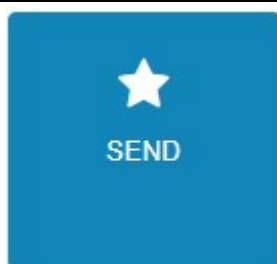
*Please note: if you are unable to click on this link, carefully copy and paste the text into your Internet browser.*

With best wishes,

Coventry STAR team

**Important - Please do not reply to this email as this account is not monitored.**

## 1.1.6 Click on the SEND tile and you will be taken to a link to Enable Two Step Verification Now – click this link.



[Enable Two Step Verification now](#)

### 1.1.7 Select e-mail as the preferred method of Two Step Verification, click Save

**My Account**

- Personal Details
- Work Details
- Change Email Address
- Change Password
- Change Secret Question
- Change of Circumstances
- Two Step Verification**

**Two Step Verification**

We require all SEND portal users to enable two step verification.

Two Step Verification is our way to make your data more secure.

Please select e-mail in the drop down box below to receive a verification code via e-mail to complete log-in.

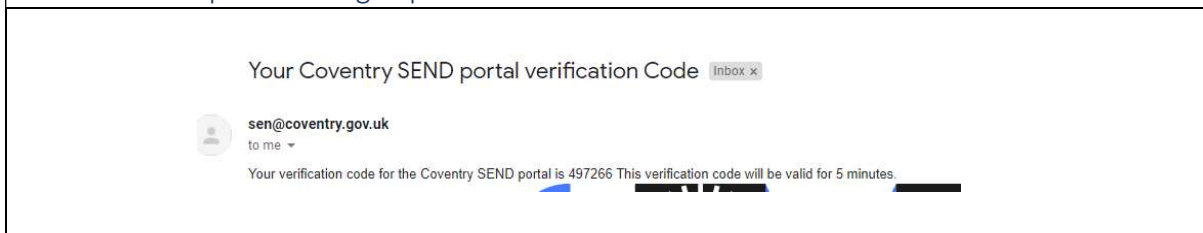
The e-mail address used will be the e-mail you provided when you created your account.

**Preferred method**

Email

Save

1.1.8 You will then be returned to the log-on screen to log in and begin using the portal. When logging-in, you will receive a verification code via e-mail to complete the log in process.



## 1.2 Adding a child/young person to the Professional Portal & accessing the forms

### 1.2.1 Click on the SEND tile and click Add Person



## 1.2.2 Enter the child's details and click *Submit*

### Add Person

Please complete the child/young person's details below. To ensure successful submission, please copy the data in your internal database exactly (for example, SIMS, Arbor, Headcount portal) and ensure this is up to date. This will enable us to quickly identify the child/young person's record and include accurate data on any documentation and communication throughout the EHC assessment process. Fields marked with a \* are mandatory.

Forename *	<input type="text"/>
Middle Name	<input type="text"/>
Surname *	<input type="text"/>
Gender *	<input type="text" value="Please select a gender"/>
Date of Birth *	<input type="text"/>
Current School	<input type="text" value="Please Select Current School"/>
Ethnicity *	<input type="text" value="NOBT - Info not yet obtained"/>
First Language *	<input type="text" value="Information not obtained"/>
Postcode *	<input type="text"/>

[Find Address](#) [Enter Address Manually](#)

[Cancel](#)

[Submit](#)

## 1.2.3 Select the form you wish to complete.

Early Years settings EHCNA application form	<a href="#">Start</a>
Schools EHCNA application form (My Support Plan)	<a href="#">Start</a>
Schools EHCNA application form (No Support Plan)	<a href="#">Start</a>

## 1.2.4 To see what questions are included in the forms, see Appendices 1-3.



## 1.3 Completing the form

1.3.1 Complete the various pages of the form, denoted by the different headings at the top clicking *Save and Continue* to save and move on to the next page.



1.3.2 Questions with a red asterisk next to them \* are mandatory and will need to be completed before you can click *Save and Continue*. If it is not possible to complete these questions in full, complete them in part or insert a letter or phrase as a placeholder to move on to the next page and return when it is possible to complete the question.

1.3.3 Once a page has been completed, it's header tab will turn green (see 'Step 1' in the image above) and you can navigate back to that page by clicking on the green header.

1.3.4 At any time, you can move backwards through the form by clicking *Back*

Back

1.3.5 To exit the form and return to it later, click *SEND Home*



1.3.6 This will take you to a page listing all the children you have added to the portal

The screenshot shows the 'Professional Portal' interface for Coventry City Council. At the top left is the council logo and navigation links for 'Home' and 'SEND Home'. At the top right are links for 'My Account' and 'Sign Out'. A decorative banner features a smiling sun and a cloud. The main heading is 'Select Person'. Below this is an explanatory text box: 'This area allows you to complete Special Educational Needs and Disabilities actions for children and young people you are working with. Children and young people will appear here if you have previously added them to your account or if the Local Authority has authenticated you to see Special Educational Needs and Disabilities information about them.' A 'Person Filter' section includes a search box, a dropdown menu set to 'All', and an '+ Add Person' button. A table lists one person:

Name	Date of Birth	Address	School
Aardvaark, Aaron	01/02/2008	22 Rafferty Adams Way, Coventry, CV6 6JG	Caludon Castle School

A 'Back' button is located at the bottom left of the table area.

1.3.7 To return to the form, click on the child's name to open up the child's basic personal information and click *Continue*

The 'Edit Person' form contains the following fields:

- Forename \* (text input: Aaron)
- Middle Name \* (text input)
- Surname \* (text input: Aardvaark)
- Gender \* (dropdown menu: Male)
- Date of Birth \* (date picker: 01/02/2008)
- Current School \* (dropdown menu: Caludon Castle School, Anholme Road, CV2 6BD)
- Ethnicity \* (dropdown menu: BAFR - Black African)
- First Language \* (dropdown menu: English)
- House Number \* (text input: 22)
- House Name \* (text input)
- Building Name \* (text input)
- Street Name \* (text input: Rafferty Adams Way)
- District / Village \* (text input)
- Town \* (text input: Coventry)
- County \* (text input)
- Postcode \* (text input: CV6 6JG)
- Country \* (dropdown menu: Please select)

Buttons: 'Cancel' (bottom left), 'Find Address' (bottom center), 'Continue' (bottom right).

1.3.8 The form you have started will be listed at the top of the form options. To open it up, click *Continue* and the form will open at the last page you were working on.

Early Years settings EHCNA application form Started by you <a href="#">Delete</a>	Start date 03/05/2021 <a href="#">Continue</a>
Schools EHCNA application form (My Support Plan)	<a href="#">Start</a>
Schools EHCNA application form (No Support Plan)	<a href="#">Start</a>


## 1.4 Submitting the form

### 1.4.1 Once complete, the form will generate a summary page.


### Summary

The information you have entered as part of this Special Educational Needs & Disabilities form is displayed below. Please review the information provided before continuing.

#### Form Submitter Details

 Lorna Holland  
**Professional Role** Project Manager  
**Organisation Name** Coventry City Council

#### Child / Young Person Details

 Aaron Aardvaark  
**Gender** Male  
**Date of Birth** 01-Feb-2008

### 1.4.2 To submit the form, check 'I agree' to the statements listed and click Submit

All users: I confirm that the information I have provided is accurate and complete to the best of my knowledge

If submitting a request form only: I confirm that the child/young person and their parents/guardians are aware this request for an education, health and care assessment is being submitted that it will be used and shared in accordance with statutory processes to assess and fulfil the request. I also confirm they have had access to Coventry City Council's SEND Statutory Assessment and Review Service Privacy Notice and the education establishment's privacy notice.

If submitting a Children's Services advice form only: I confirm that where details of a child's social care needs which are not linked to their SEN or disability have been included in my advice, I have discussed this with the parent/carer(s) and child (if appropriate) and recorded their consent in Step 6 of the form.

Please note: Coventry City Council's SEND Statutory Assessment and Review Service Privacy Notice can be found at the Privacy Notice tab at the bottom of the web page.

I agree

The information that you have provided on this form will be used in accordance with processes outlined in the current Special Educational Needs & Disabilities Code of Practice.

It is important that the child or young person and their parent or carer are able to see the information you are providing and for it to be shared with them. It will also be shared with other professionals working with the child or young person.

Before submitting this information, you must agree that the information provided can be shared with other professionals, the local authority, the child or young person and their parent or carer. If you do not agree to this, you will not be able to send it using this online form.

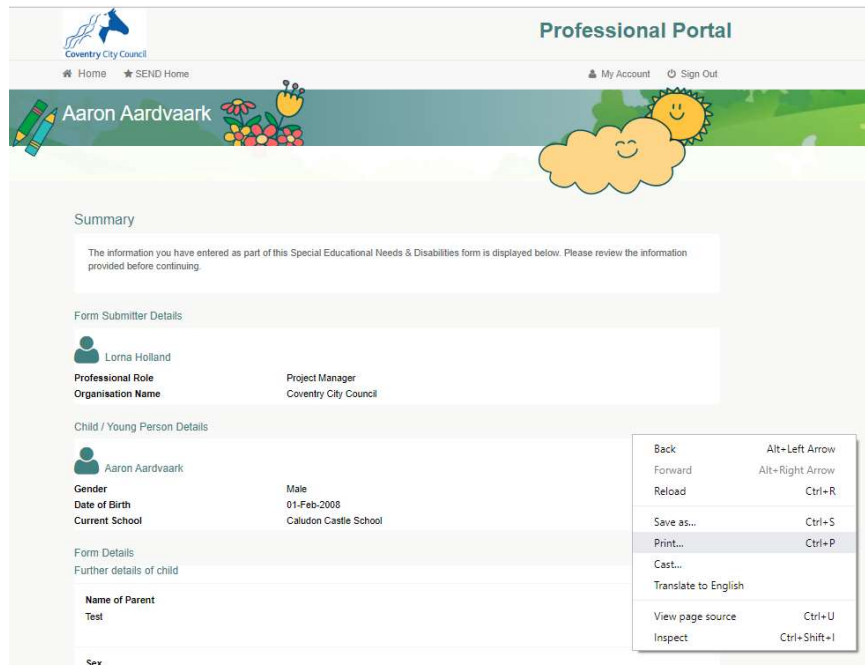
I agree that the information I am submitting can be shared with other professionals, the local authority, the child or young person and their parent or carer as part of processes outlined in the current Special Educational Needs & Disabilities Code of Practice.

I agree

## 1.5 Printing the completed form

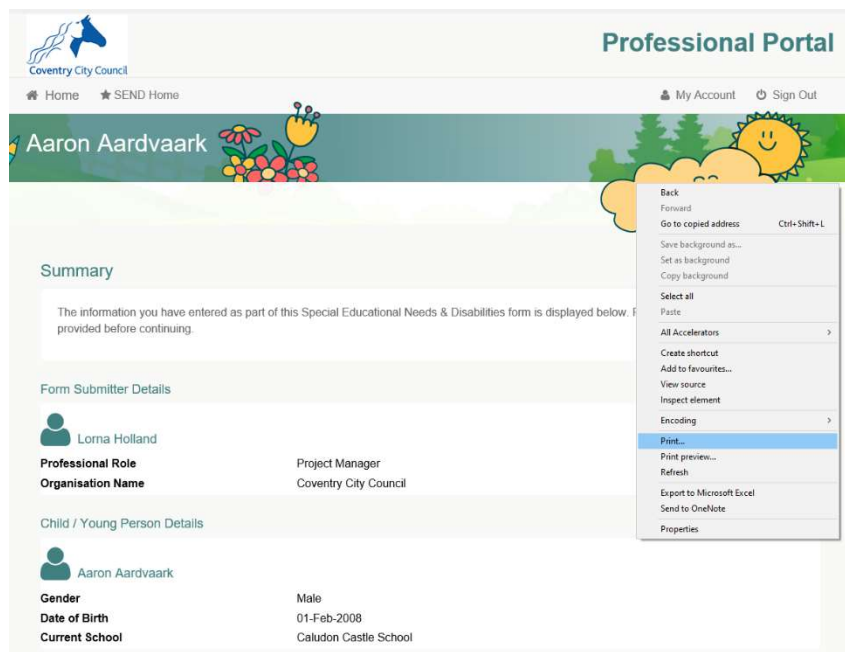
1.5.1 To print the summary form, print the web page from your browser. *Right click* on the summary page and click *Print*

Google Chrome:



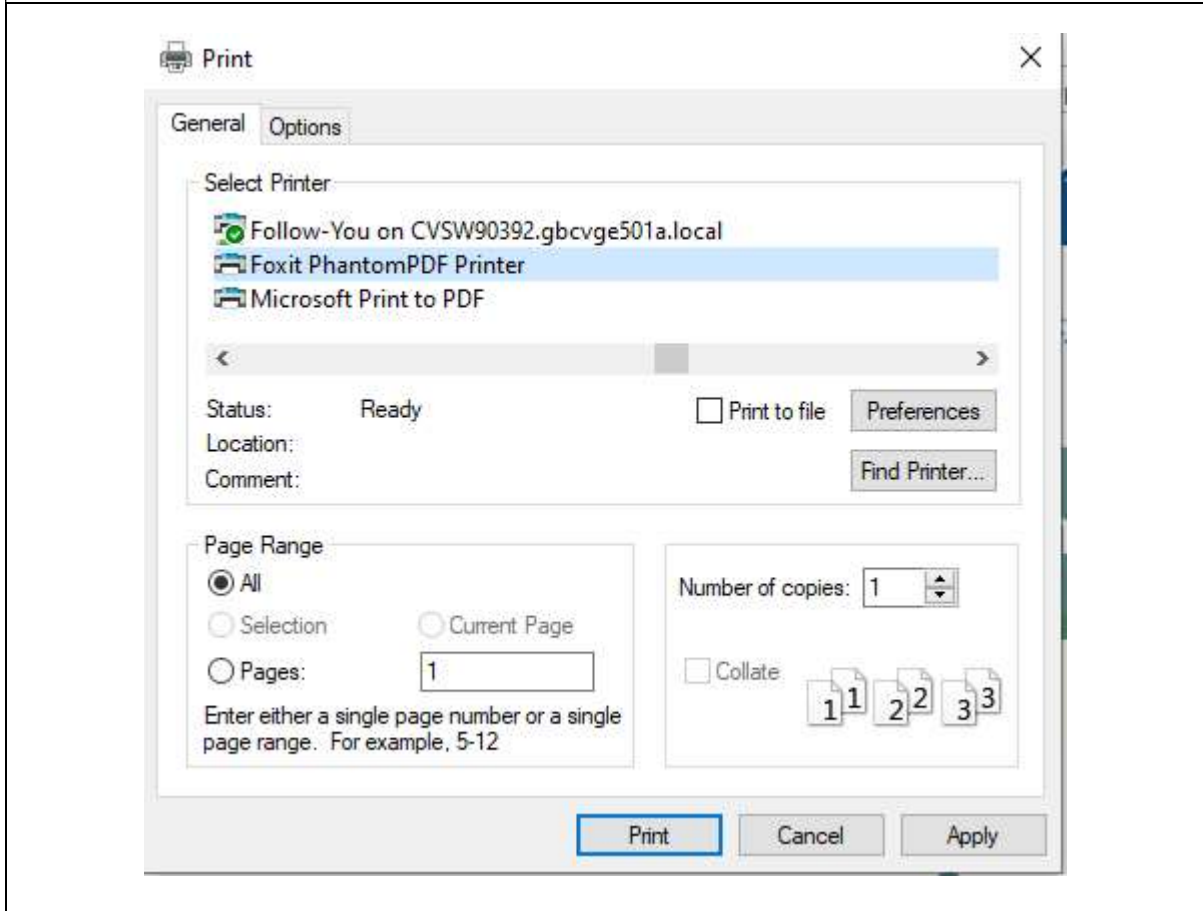
The screenshot shows the Professional Portal interface in Google Chrome. The page title is "Professional Portal" and the user is logged in as "Aaron Aardvaark". The page contains a "Summary" section with a warning message: "The information you have entered as part of this Special Educational Needs & Disabilities form is displayed below. Please review the information provided before continuing." Below this are sections for "Form Submitter Details" (Lorna Holland, Project Manager, Coventry City Council) and "Child / Young Person Details" (Aaron Aardvaark, Male, 01-Feb-2008, Caludon Castle School). A context menu is open over the "Print..." option, showing various browser actions like Back, Forward, Reload, Save as..., Print..., Cast..., Translate to English, View page source, and Inspect.

Internet Explorer:



The screenshot shows the Professional Portal interface in Internet Explorer. The page title is "Professional Portal" and the user is logged in as "Aaron Aardvaark". The page contains a "Summary" section with a warning message: "The information you have entered as part of this Special Educational Needs & Disabilities form is displayed below. Please review the information provided before continuing." Below this are sections for "Form Submitter Details" (Lorna Holland, Project Manager, Coventry City Council) and "Child / Young Person Details" (Aaron Aardvaark, Male, 01-Feb-2008, Caludon Castle School). A context menu is open over the "Print..." option, showing various browser actions like Back, Forward, Go to copied address, Save background as..., Set as background, Copy background, Select all, Paste, All Accelerators, Create shortcut, Add to favourites..., View source, Inspect element, Encoding, Print..., Print preview..., Refresh, Export to Microsoft Excel, Send to OneNote, and Properties.

1.5.2 Print in the normal way. If you would like to print an electronic version, you may wish to utilise a print to pdf functionality.



## 1.6 Providing further information to support the application

1.6.1 First identify whether or not the application has already been assessed. If the green *Request* header contains a Decision date (right hand image), the application has already been assessed and the application cannot be amended. If you have further information you would like to be made available to the team undertaking the assessment, please see section 1.7.



1.6.2 If there is no decision date and the application has not yet been assessed, click on the Edit button underneath the submitted form.

Test form - Early Years settings request

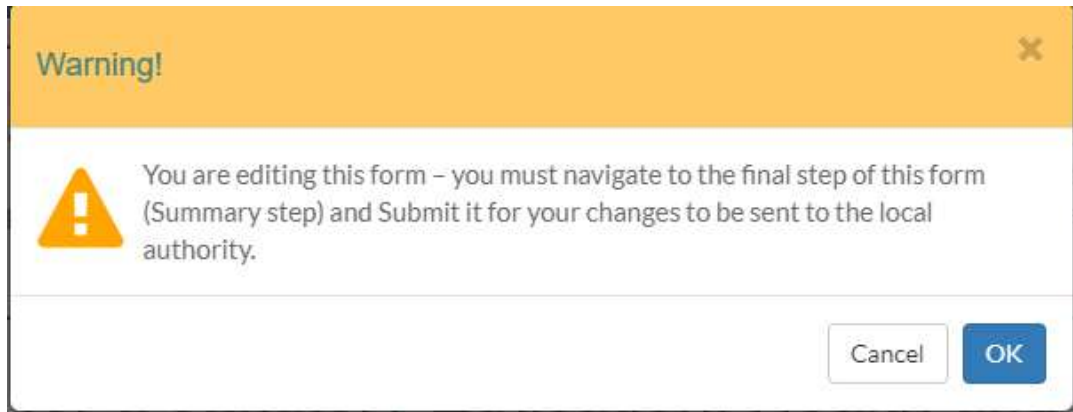
Submitted by you

Submitted on 18/02/2021

[View Details](#)

[Edit](#)

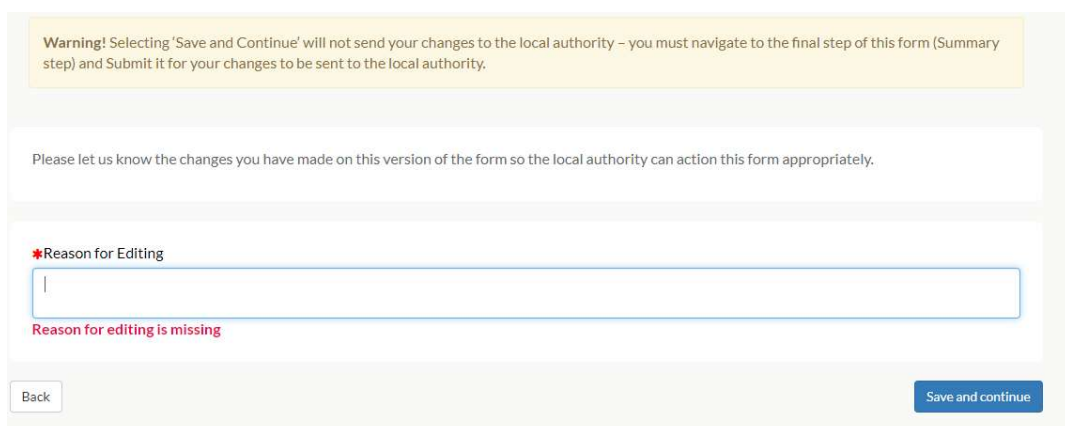
1.6.3 Click *OK*



1.6.4 Edit the form where you wish to make changes



1.6.5 Move through the stages of the form until the last step, where you will be asked to state your reason for editing, then click *Save and Continue*



## 1.6.6 This will generate the Summary page showing your revised application form

**Warning!** Selecting 'Save and Continue' will not send your changes to the local authority – you must navigate to the final step of this form (Summary step) and Submit it for your changes to be sent to the local authority.

### Summary

The information you have entered as part of this Special Educational Needs & Disabilities form is displayed below. Please review the information provided before continuing.

#### Form submitter details



Lorna Holland

**Professional Role**

Project Manager

**Organisation Name**

Coventry City Council

#### Child / Young Person Details

## 1.6.7 To submit the edited form, with your changes check 'I agree' to the statements listed and click Submit

All users: I confirm that the information I have provided is accurate and complete to the best of my knowledge

If submitting a request form only: I confirm that the child/young person and their parents/guardians are aware this request for an education, health and care assessment is being submitted that it will be used and shared in accordance with statutory processes to assess and fulfil the request. I also confirm they have had access to Coventry City Council's SEND Statutory Assessment and Review Service Privacy Notice and the education establishment's privacy notice.

If submitting a Children's Services advice form only: I confirm that where details of a child's social care needs which are not linked to their SEN or disability have been included in my advice, I have discussed this with the parent/carer(s) and child (if appropriate) and recorded their consent in Step 6 of the form.

Please note: Coventry City Council's SEND Statutory Assessment and Review Service Privacy Notice can be found at the Privacy Notice tab at the bottom of the web page.

I agree

The information that you have provided on this form will be used in accordance with processes outlined in the current Special Educational Needs & Disabilities Code of Practice.

It is important that the child or young person and their parent or carer are able to see the information you are providing and for it to be shared with them. It will also be shared with other professionals working with the child or young person.

Before submitting this information, you must agree that the information provided can be shared with other professionals, the local authority, the child or young person and their parent or carer. If you do not agree to this, you will not be able to send it using this online form.


I agree that the information I am submitting can be shared with other professionals, the local authority, the child or young person and their parent or carer as part of processes outlined in the current Special Educational Needs & Disabilities Code of Practice.

I agree



## 1.7 Providing further information to support the assessment


- 1.7.1 To submit further information to support the assessment, click the Assessment header, scroll down to the form titled 'Submit Supplementary Information relevant to the EHCNA process'



**Request**


Received Date  
09/11/2020

Decision  
03/05/2021




**Assessment**

Started  
03/05/2021



**EHC Plan**



**EHCP Reviews**

**What happens now?**  
 The local authority will ask for advice and views about a child or young person's education, health and care (EHC) needs. This step can last up to 16 weeks from the initial request for assessment. The step ends with a decision on whether to issue an EHC Plan.

### Information we collect at this stage

As part of the Assessment stage, we may need to collect some information from you or others. Below you will see forms relating to this stage, including forms we may need you to complete

<p>Education Health and Care Needs Assessment Sensory Support Advice form                  To be completed by Sensory Team Lead      Information due 18/03/2021</p>	
<p>Education Health and Care Needs Assessment Psychological Advice form                  To be completed by educational psychologist      Information due 18/03/2021</p>	
<p>Education Health and Care Needs Assessment Psychological Advice form                  Submitted by you      Submitted on 03/12/2020</p> <p><a href="#">Edit</a></p>	<a href="#">View Details</a>
<p>Children's Services - Education, Health and Care Needs Assessment Advice form</p>	<a href="#">Start</a>
<p>Education Health and Care Needs Assessment Psychological Advice form</p>	<a href="#">Start</a>
<p>Education Health and Care Needs Assessment Sensory Support Advice form</p>	<a href="#">Start</a>
<p><b>Submit Supplementary Information relevant to the EHCNA process</b></p>	<a href="#">Start</a>

## 1.7.2 Complete the additional information you wish to share and upload any documents you wish to submit

Step 1 Work Details   Step 2 Additional Information   Step 3 Submit Additional Documents   Step 4 Summary

If there is any further information you would like to share with us as we complete this child/young person's assessment or if we have requested further information, please detail this below.

For example, it would be helpful to know of:

- Any significant change in the family circumstances
- Change of contact details for the family
- Any significant change in the child/young person's assessment or diagnosis of need or disability
- Any new information gathered from professionals working with the child/young person

Additional Information

There is a limit of 30000 characters. 30000 remaining

If you have acquired documents you would like to share with the Plan Coordinator and team processing the request, please upload these below.  
If uploading a professional report, this should ideally be less than 18 months old unless a diagnosis or a community paediatrician report.

Service (both external and internal services)

Please select

If you stated other please state which service below

Upload document below

- Please ensure that your files have the correct extensions, these should be .doc, .docx, .pdf, .png, .jpeg, .jpg, .bmp
- The maximum file size allowed is 10MB
- By uploading this file, you are confirming that it is free from viruses or other malware and contains no inappropriate material. If the file contains images of people, please ensure you have their consent for the image to be shared
- You must upload each file by selecting the upload button for the file to be added to the form


No file chosen

### 1.7.3 Once complete, the form will generate a summary page.


## Summary

The information you have entered as part of this Special Educational Needs & Disabilities form is displayed below. Please review the information provided before continuing.

### Form Submitter Details

 Lorna Holland  
**Professional Role** Project Manager  
**Organisation Name** Coventry City Council

### Child / Young Person Details

 Aaron Aardvaark  
**Gender** Male  
**Date of Birth** 01-Feb-2008

### 1.7.4 To submit the form, check 'I agree' to the statements listed and click Submit

All users: I confirm that the information I have provided is accurate and complete to the best of my knowledge

If submitting a request form only: I confirm that the child/young person and their parents/guardians are aware this request for an education, health and care assessment is being submitted that it will be used and shared in accordance with statutory processes to assess and fulfil the request. I also confirm they have had access to Coventry City Council's SEND Statutory Assessment and Review Service Privacy Notice and the education establishment's privacy notice.

If submitting a Children's Services advice form only: I confirm that where details of a child's social care needs which are not linked to their SEN or disability have been included in my advice, I have discussed this with the parent/carer(s) and child (if appropriate) and recorded their consent in Step 6 of the form.

Please note: Coventry City Council's SEND Statutory Assessment and Review Service Privacy Notice can be found at the Privacy Notice tab at the bottom of the web page.

I agree

The information that you have provided on this form will be used in accordance with processes outlined in the current Special Educational Needs & Disabilities Code of Practice.

It is important that the child or young person and their parent or carer are able to see the information you are providing and for it to be shared with them. It will also be shared with other professionals working with the child or young person.

Before submitting this information, you must agree that the information provided can be shared with other professionals, the local authority, the child or young person and their parent or carer. If you do not agree to this, you will not be able to send it using this online form.

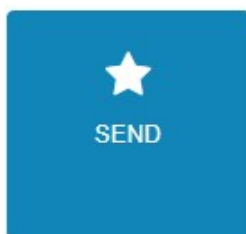
I agree that the information I am submitting can be shared with other professionals, the local authority, the child or young person and their parent or carer as part of processes outlined in the current Special Educational Needs & Disabilities Code of Practice.

I agree

## 2 Annual Review Feedback Form

### 2.1 Completing the form

#### 2.1.1 Click on the SEND tile



2.1.2 If the name of the child you are working with is listed below, click on their name and go to 2.1.4. If the name of the child you are working with is not listed below, click *Add Person*.

Select Person

On this screen, you will see the names of the children and young people you are working with through their EHC assessment. Please click on their name to view or submit information. To make a new request or to submit information for a child/young person not listed below, click 'Add person'.

Person Filter  Active + Add Person ⌵ Hide Person 🗑 Delete Person

1 records found

Name	Date of Birth	Address	School	Select
Aardvaark, Aaron	30/04/2010	17 Gainsborough Drive, Bedworth, Warwickshire, CV12 8DB	Foxford Community School	<input type="checkbox"/>

⏪ Back

#### 2.1.3 Enter the child's details and click *Submit*

Add Person

Please complete the child/young person's details below. To ensure successful submission, please copy the data in your internal database exactly (for example, SIMS, Arbor, Headcount portal) and ensure this is up to date. This will enable us to quickly identify the child/young person's record and include accurate data on any documentation and communication throughout the EHC assessment process. Fields marked with a \* are mandatory.

Forename \*

Middle Name

Surname \*

Gender \*

Date of Birth \*

Current School

Ethnicity \*

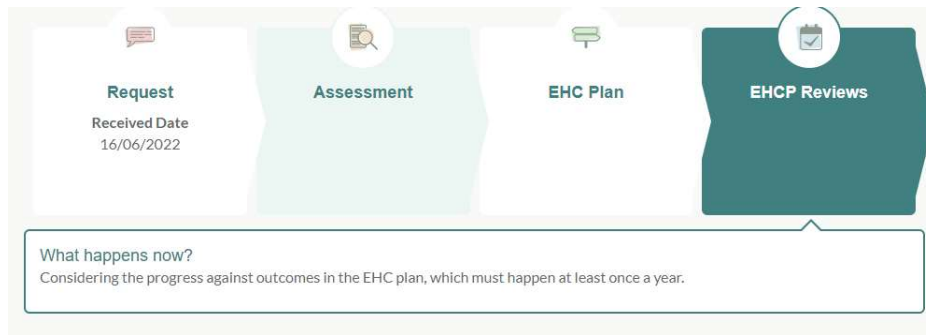
First Language \*

Postcode \*

Find Address Enter Address Manually

Cancel Submit

## 2.1.4 Click on *EHCP reviews*



**Request**  
Received Date  
16/06/2022

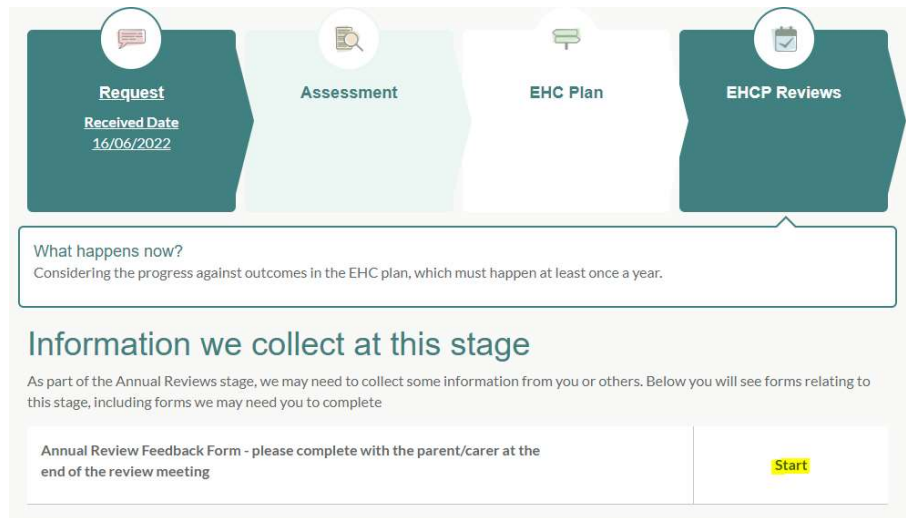
**Assessment**

**EHC Plan**

**EHCP Reviews**

What happens now?  
Considering the progress against outcomes in the EHC plan, which must happen at least once a year.

## 2.1.5 Click *Start*



**Request**  
Received Date  
16/06/2022

**Assessment**

**EHC Plan**

**EHCP Reviews**

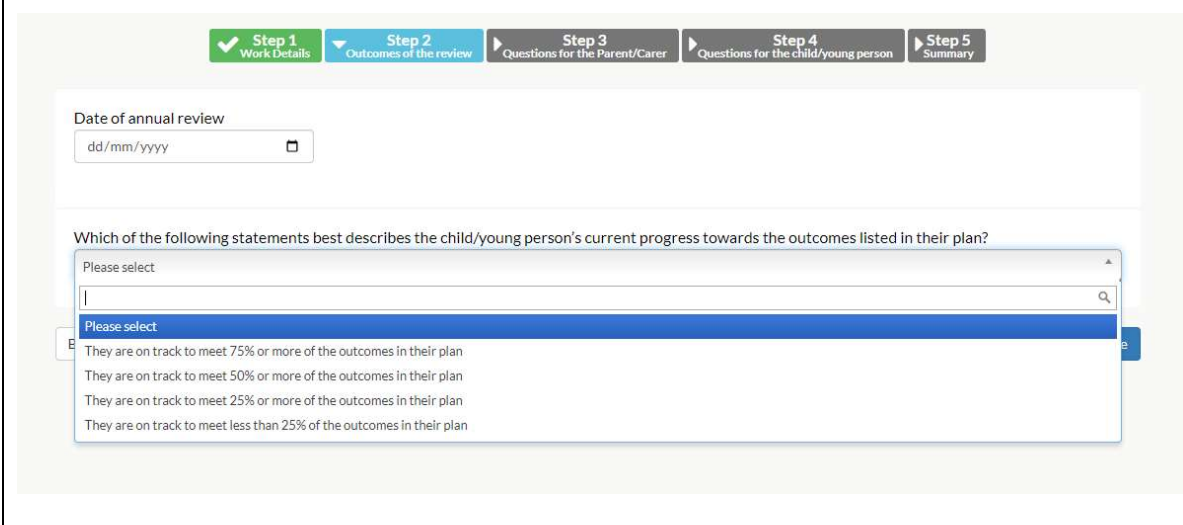
What happens now?  
Considering the progress against outcomes in the EHC plan, which must happen at least once a year.

### Information we collect at this stage

As part of the Annual Reviews stage, we may need to collect some information from you or others. Below you will see forms relating to this stage, including forms we may need you to complete

Annual Review Feedback Form - please complete with the parent/carer at the end of the review meeting	<b>Start</b>
------------------------------------------------------------------------------------------------------	--------------

## 2.1.6 Complete the various pages of the form, denoted by the different headings at the top clicking *Save and Continue* to save and move on to the next page.



**Step 1** Work Details  
**Step 2** Outcomes of the review  
**Step 3** Questions for the Parent/Carer  
**Step 4** Questions for the child/young person  
**Step 5** Summary

Date of annual review  
dd/mm/yyyy

Which of the following statements best describes the child/young person's current progress towards the outcomes listed in their plan?

Please select


- They are on track to meet 75% or more of the outcomes in their plan
- They are on track to meet 50% or more of the outcomes in their plan
- They are on track to meet 25% or more of the outcomes in their plan
- They are on track to meet less than 25% of the outcomes in their plan

## 2.1.7 Once complete, the form will generate a summary page.


**Summary**

The information you have entered as part of this Special Educational Needs & Disabilities form is displayed below. Please review the information provided before continuing.

**Form Submitter Details**

 Lorna Holland  
**Professional Role** Project Manager  
**Organisation Name** Coventry City Council

**Child / Young Person Details**

 Aaron Aardvaark  
**Gender** Male  
**Date of Birth** 01-Feb-2008

## 2.1.8 To submit the form, check 'I agree' to the statements listed and click Submit

All users: I confirm that the information I have provided is accurate and complete to the best of my knowledge

If submitting a request form only: I confirm that the child/young person and their parents/guardians are aware this request for an education, health and care assessment is being submitted that it will be used and shared in accordance with statutory processes to assess and fulfil the request. I also confirm they have had access to Coventry City Council's SEND Statutory Assessment and Review Service Privacy Notice and the education establishment's privacy notice.

If submitting a Children's Services advice form only: I confirm that where details of a child's social care needs which are not linked to their SEN or disability have been included in my advice, I have discussed this with the parent/carer(s) and child (if appropriate) and recorded their consent in Step 6 of the form.

Please note: Coventry City Council's SEND Statutory Assessment and Review Service Privacy Notice can be found at the Privacy Notice tab at the bottom of the web page.

I agree

The information that you have provided on this form will be used in accordance with processes outlined in the current Special Educational Needs & Disabilities Code of Practice.

It is important that the child or young person and their parent or carer are able to see the information you are providing and for it to be shared with them. It will also be shared with other professionals working with the child or young person.

Before submitting this information, you must agree that the information provided can be shared with other professionals, the local authority, the child or young person and their parent or carer. If you do not agree to this, you will not be able to send it using this online form.

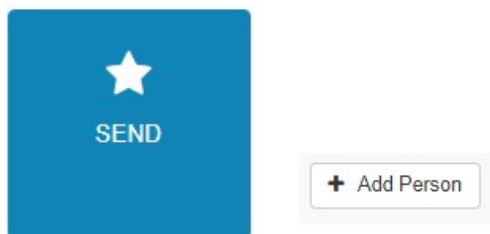
I agree that the information I am submitting can be shared with other professionals, the local authority, the child or young person and their parent or carer as part of processes outlined in the current Special Educational Needs & Disabilities Code of Practice.

I agree

### 3 Applying for a funded My Support Plan (Early Years only)

#### 3.1 Adding a child/young person to the Professional Portal & accessing the form

##### 3.1.1 Click on the SEND tile and click Add Person



##### 3.1.2 Enter the child's details and click *Submit*

**Add Person**

Please complete the child/young person's details below. To ensure successful submission, please copy the data in your internal database exactly (for example, SIMS, Arbor, Headcount portal) and ensure this is up to date. This will enable us to quickly identify the child/young person's record and include accurate data on any documentation and communication throughout the EHC assessment process. Fields marked with a \* are mandatory.

Forename \*

Middle Name

Surname \*

Gender \*

Date of Birth \*

Current School

Ethnicity \*

First Language \*

Postcode \*

##### 3.1.3 Select the form titled Early Years settings *Funded My Support Plan Application form*

Early Years settings EHCNA application form	<a href="#">Start</a>
Early Years settings Funded My Support Plan Application Form	<a href="#">Start</a>
Schools EHCNA application form (Funded My Support Plan Only)	<a href="#">Start</a>
Schools EHCNA application form (My Support Plan)	<a href="#">Start</a>
Schools EHCNA application form (No Support Plan)	<a href="#">Start</a>

## 3.2 Completing the form

3.2.1 Complete the various pages of the form, denoted by the different headings at the top clicking *Save and Continue* to save and move on to the next page.



3.2.2 Questions with a red asterix next to them \* are mandatory and will need to be completed before you can click *Save and Continue*. If it is not possible to complete these questions in full, complete them in part or insert a letter or phrase as a placeholder to move on to the next page and return when it is possible to complete the question.

3.2.3 Once a page has been completed, it's header tab will turn green (see 'Step 1' in the image above) and you can navigate back to that page by clicking on the green header.

3.2.4 At any time, you can move backwards through the from by clicking *Back*

Back

3.2.5 To exit the form and return to it later, click *SEND Home*





3.2.6 This will take you to a page listing all the children you have added to the portal

The screenshot shows the 'Professional Portal' interface for Coventry City Council. At the top left is the council logo and navigation links for 'Home' and 'SEND Home'. At the top right are links for 'My Account' and 'Sign Out'. A decorative banner features a smiling sun and a cloud. The main heading is 'Select Person'. Below this is an explanatory text box: 'This area allows you to complete Special Educational Needs and Disabilities actions for children and young people you are working with. Children and young people will appear here if you have previously added them to your account or if the Local Authority has authenticated you to see Special Educational Needs and Disabilities information about them.' A 'Person Filter' section includes a search box, a dropdown menu set to 'All', and an '+ Add Person' button. A table lists the details for a child named Aaron Aardvaark, born 01/02/2008, living at 22 Rafferty Adams Way, Coventry, CV6 6JG, attending Caludon Castle School. A 'Back' button is located at the bottom left.

Name	Date of Birth	Address	School
Aardvaark, Aaron	01/02/2008	22 Rafferty Adams Way, Coventry, CV6 6JG	Caludon Castle School

3.2.7 To return to the form, click on the child's name to open up the child's basic personal information and click *Continue*

The 'Edit Person' form contains the following fields:

- Forename \* (Aaron)
- Middle Name \*
- Surname \* (Aardvaark)
- Gender \* (Male)
- Date of Birth \* (01/02/2008)
- Current School (Caludon Castle School, Anholme Road, CV2 6BD)
- Ethnicity \* (BAFR - Black African)
- First Language \* (English)
- House Number (22)
- House Name
- Building Name
- Street Name (Rafferty Adams Way)
- District / Village
- Town (Coventry)
- County
- Postcode \* (CV6 6JG)
- Country (Please select)

Buttons: 'Cancel' (bottom left), 'Find Address' (bottom center), 'Continue' (bottom right).

3.2.8 The form you have started will be listed at the top of the form options. To open it up, click *Continue* and the form will open at the last page you were working on.


### 3.3 Submitting the form

#### 3.3.1 Once complete, the form will generate a summary page.


**Summary**

The information you have entered as part of this Special Educational Needs & Disabilities form is displayed below. Please review the information provided before continuing.

**Form Submitter Details**

 Lorna Holland  
**Professional Role** Project Manager  
**Organisation Name** Coventry City Council

**Child / Young Person Details**

 Aaron Aardvaark  
**Gender** Male  
**Date of Birth** 01-Feb-2008

#### 3.3.2 To submit the form, check 'I agree' to the statements listed and click Submit

All users: I confirm that the information I have provided is accurate and complete to the best of my knowledge

If submitting a request form only: I confirm that the child/young person and their parents/guardians are aware this request for an education, health and care assessment is being submitted that it will be used and shared in accordance with statutory processes to assess and fulfil the request. I also confirm they have had access to Coventry City Council's SEND Statutory Assessment and Review Service Privacy Notice and the education establishment's privacy notice.

If submitting a Children's Services advice form only: I confirm that where details of a child's social care needs which are not linked to their SEN or disability have been included in my advice, I have discussed this with the parent/carer(s) and child (if appropriate) and recorded their consent in Step 6 of the form.

Please note: Coventry City Council's SEND Statutory Assessment and Review Service Privacy Notice can be found at the Privacy Notice tab at the bottom of the web page.

I agree

The information that you have provided on this form will be used in accordance with processes outlined in the current Special Educational Needs & Disabilities Code of Practice.

It is important that the child or young person and their parent or carer are able to see the information you are providing and for it to be shared with them. It will also be shared with other professionals working with the child or young person.

Before submitting this information, you must agree that the information provided can be shared with other professionals, the local authority, the child or young person and their parent or carer. If you do not agree to this, you will not be able to send it using this online form.

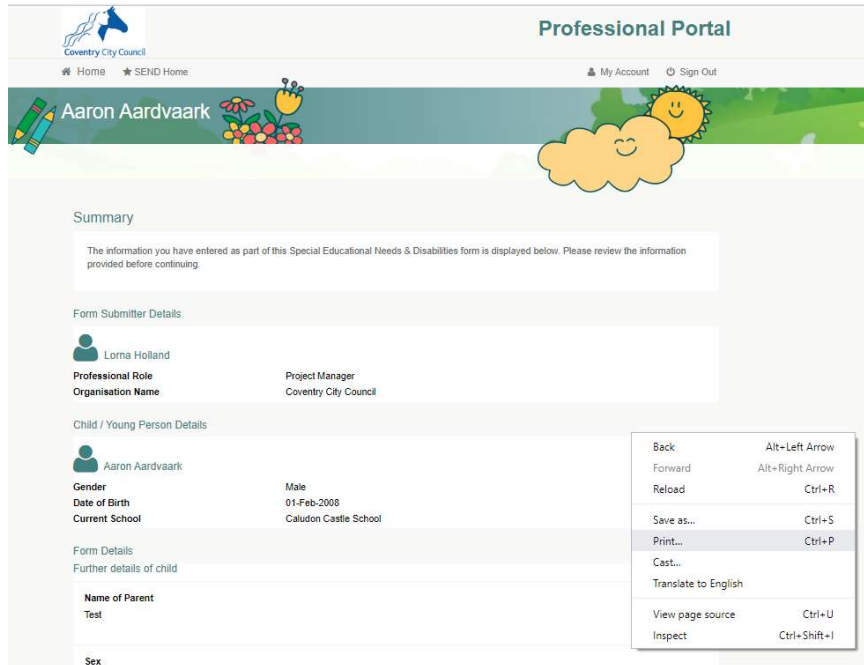
I agree that the information I am submitting can be shared with other professionals, the local authority, the child or young person and their parent or carer as part of processes outlined in the current Special Educational Needs & Disabilities Code of Practice.

I agree

### 3.4 Printing the completed form

3.4.1 To print the summary form, print the web page from your browser. *Right click* on the summary page and click *Print*

Google Chrome:



The screenshot shows the Professional Portal interface in Google Chrome. The page title is "Professional Portal" and the user is logged in as "Aaron Aardvaark". The page contains a "Summary" section with the following information:

**Form Submitter Details**

<b>Name</b>	Lorna Holland
<b>Professional Role</b>	Project Manager
<b>Organisation Name</b>	Coventry City Council

**Child / Young Person Details**

<b>Name</b>	Aaron Aardvaark
<b>Gender</b>	Male
<b>Date of Birth</b>	01-Feb-2008
<b>Current School</b>	Caludon Castle School

**Form Details**

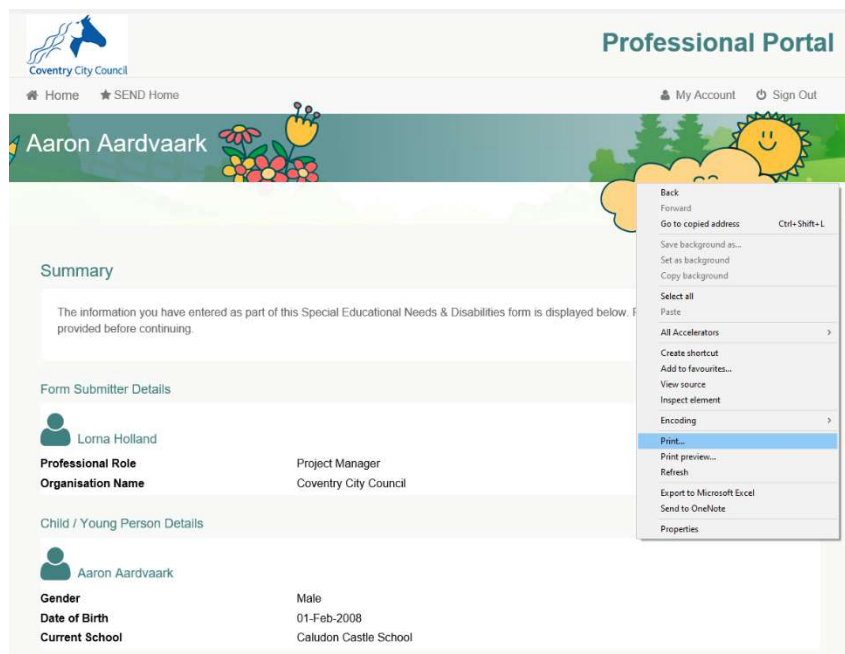
Further details of child

<b>Name of Parent</b>	Test
<b>Sex</b>	

A context menu is open over the "Print..." option, showing the following items:

- Back (Alt+Left Arrow)
- Forward (Alt+Right Arrow)
- Reload (Ctrl+R)
- Save as... (Ctrl+S)
- Print... (Ctrl+P)
- Cast...
- Translate to English
- View page source (Ctrl+U)
- Inspect (Ctrl+Shift+I)

Internet Explorer:



The screenshot shows the Professional Portal interface in Internet Explorer. The page title is "Professional Portal" and the user is logged in as "Aaron Aardvaark". The page contains a "Summary" section with the following information:

**Form Submitter Details**

<b>Name</b>	Lorna Holland
<b>Professional Role</b>	Project Manager
<b>Organisation Name</b>	Coventry City Council

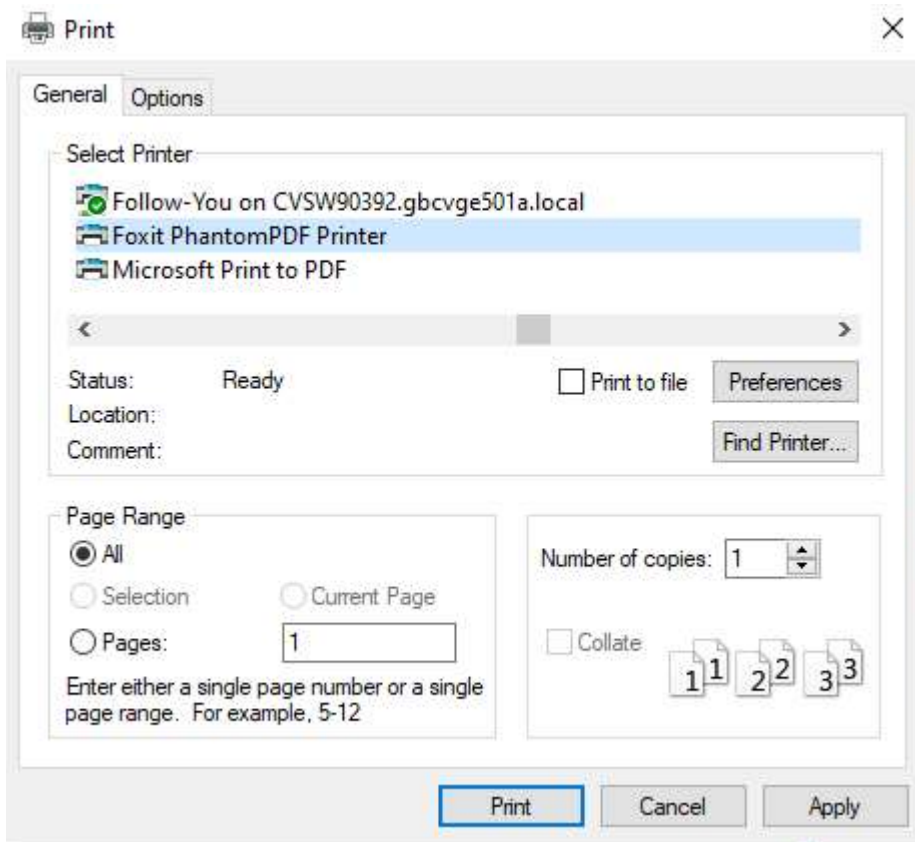
**Child / Young Person Details**

<b>Name</b>	Aaron Aardvaark
<b>Gender</b>	Male
<b>Date of Birth</b>	01-Feb-2008
<b>Current School</b>	Caludon Castle School

A context menu is open over the "Print..." option, showing the following items:

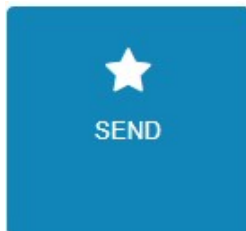
- Back
- Forward
- Go to copied address (Ctrl+Shift+L)
- Save background as...
- Set as background
- Copy background
- Select all
- Paste
- All Accelerators >
- Create shortcut
- Add to favourites...
- View source
- Inspect element
- Encoding >
- Print... (highlighted)
- Print preview...
- Refresh
- Export to Microsoft Excel
- Send to OneNote
- Properties

3.4.2 Print in the normal way. If you would like to print an electronic version, you may wish to utilise a print to pdf functionality.



## 4 Submitting a request for assessment after receiving a Funded My Support Plan

### 4.1.1 Click on the SEND tile



4.1.2 If the name of the child you are working with is listed below, click on their name and go to 2.1.4. If the name of the child you are working with is not listed below, click *Add Person*.

Select Person

On this screen, you will see the names of the children and young people you are working with through their EHC assessment. Please click on their name to view or submit information. To make a new request or to submit information for a child/young person not listed below, click 'Add person'.

Person Filter  Active ▼ + Add Person Hide Person Delete Person

1 records found

Name	Date of Birth	Address	School	Select
Aardvaark, Aaron	30/04/2010	17 Gainsborough Drive, Bedworth, Warwickshire, CV12 8DB	Foxford Community School	<input type="checkbox"/>

Back

### 4.1.3 Enter the child's details and click *Submit*

Add Person

Please complete the child/young person's details below. To ensure successful submission, please copy the data in your internal database exactly (for example, SIMS, Arbor, Headcount portal) and ensure this is up to date. This will enable us to quickly identify the child/young person's record and include accurate data on any documentation and communication throughout the EHC assessment process. Fields marked with a \* are mandatory.

Forename \*

Middle Name

Surname \*

Gender \*

Date of Birth \*

Current School

Ethnicity \*

First Language \*

Postcode \*

Find Address Enter Address Manually

Cancel Submit

#### 4.1.4 Scroll down the Request tab to find the form labelled “Schools EHCNA application form (Funded My Support Plan Only)”

Each form begins with a few further questions about the child/young person including details of parents/carers. Following this, the forms ask for details of the child/young person’s needs and the reasons for making a request. The later stages of the forms seek details of previous cycles of support and any additional support needs and the final stages of the forms provide opportunity to upload supporting documents. The forms will ask you to upload an About Me and a Family Conversation which you can find at the Templates link at the bottom of the screen. Here you will also find a portal user-guide, including screenshots of each step of the form.

Early Years settings EHCNA application form	Start
Schools EHCNA application form (Funded My Support Plan Only)	Start
Schools EHCNA application form (My Support Plan)	Start
Schools EHCNA application form (No Support Plan)	Start

#### 4.1.5 Click Start

Each form begins with a few further questions about the child/young person including details of parents/carers. Following this, the forms ask for details of the child/young person’s needs and the reasons for making a request. The later stages of the forms seek details of previous cycles of support and any additional support needs and the final stages of the forms provide opportunity to upload supporting documents. The forms will ask you to upload an About Me and a Family Conversation which you can find at the Templates link at the bottom of the screen. Here you will also find a portal user-guide, including screenshots of each step of the form.

Early Years settings EHCNA application form	Start
Schools EHCNA application form (Funded My Support Plan Only)	Start
Schools EHCNA application form (My Support Plan)	Start
Schools EHCNA application form (No Support Plan)	Start

#### 4.1.6 Complete the various pages of the form, denoted by the different headings at the top clicking *Save and Continue* to save and move on to the next page.

Step 1 Work Details Step 2 Your Request Step 3 Reasons Step 4 Additional Information Step 5 Summary

Please consider the most recent EHC assessment request for this child submitted again. I include additional information in Steps 3 & 4.

No

Back Save & Continue

4.1.7 When you reach the last page, you will see a summary of the form you have completed so far. Double check the summary, and if you are ready to submit the form scroll down to the bottom of the page. You will need to check the two boxes labelled “I agree”

the form.

If submitting an Adult's Services advice form only: I confirm that where details of a young person's social care needs which are not linked to their SEN or disability have been included in my advice, I have discussed this with the young person and recorded their consent in Step 5 of the form.

Please note: Coventry City Council's SEND Statutory Assessment and Review Service Privacy Notice can be found at the Privacy Notice tab at the bottom of the web page.

I agree

The information that you have provided on this form will be used in accordance with processes outlined in the current Special Educational Needs & Disabilities Code of Practice.

It is important that the child or young person and their parent or carer are able to see the information you are providing and for it to be shared with them. It will also be shared with other professionals working with the child or young person.

Before submitting this information, you must agree that the information provided can be shared with other professionals, the local authority, the child or young person and their parent or carer. If you do not agree to this, you will not be able to send it using this online form.

I agree that the information I am submitting can be shared with other professionals, the local authority, the child or young person and their parent or carer as part of processes outlined in the current Special Educational Needs & Disabilities Code of Practice.

I agree

4.1.8 Press Submit when ready to send the form to the SEN Team for processing

of young person and their parent or carer. If you do not agree to this, you will not be able to send it using this online form.

I agree that the information I am submitting can be shared with other professionals, the local authority, the child or young person and their parent or carer as part of processes outlined in the current Special Educational Needs & Disabilities Code of Practice.

I agree

## 5 Appendices

### 5.1 Appendix 1 –Schools EHCNA Application form (No Support Plan)

#### 5.1.1 Step 1 – Further details of the child/young person

Progress bar showing steps 1 through 23. Step 1 is completed (green), Step 2 is active (blue), and steps 3 through 23 are greyed out.

Step 1: Work Details (Completed)  
Step 2: Further Details of Child or Young Person (Active)  
Step 3: Parent/Carer Information  
Step 4: Attainment  
Step 5: Attainment  
Step 6: Attainment  
Step 7: Reason for making the request  
Step 8: Primary Need  
Step 9: Secondary Need(s)  
Step 10: Special Education Needs  
Step 11: Involvement of External Services  
Step 12: Evidence of a Graduated Approach (Cycle 1)  
Step 13: Evidence of a Graduated Approach (Cycle 2)  
Step 14: Evidence of a Graduated Approach (Cycle 3)  
Step 15: Additional Support Required  
Step 16: About Me  
Step 17: Supporting Documents  
Step 18: My Support Plan/IEP/Provision Plan  
Step 19: EP advice  
Step 20: Health advice  
Step 21: Care advice  
Step 22: Other documents  
Step 23: Summary

\*Current school year (-1 = nursery year, 0 = reception, 1 = year 1, 2 = year 2 etc.)  
Please select

Please indicate NCY offset below (if they are not offset, please indicate 0):  
Please select

\*Are they a looked after child/young person?  
 No

\*Are they in receipt of Pupil Premium?  
 No

\*Sex  
Please select

Religion  
Please select

\*UPN

\*NHS Number

Back Save & Continue



## 5.1.2 Step 2 – Parent/Carer Information

Please include parent/carer details below, adding one parent/carer at a time.

To ensure a smooth process for the parents and child/young person, it will be helpful to have several different ways of getting in touch with the child/young person's parents. Where possible, please include home, work and mobile numbers and an e-mail address for each parent/carer.

If the child is looked after or if we need to liaise with the child's social worker in addition to their parents/carers, please add the details of the social worker too.

•First Name

•Surname

•Relationship with the child/young person

•Do they have parental responsibility for the child/young person?

 No

•Home Language

Other Language

Address (if different to child/young person's)

Postcode (if different to child/young person's)

E-mail address

Home telephone number

Mobile Telephone number

Work telephone number

Preferred method of contact for day-to day communication and queries in relation to the process (Please ensure that the relevant contact details as identified below are included above)

If the parent/carer is likely to have any difficulties accessing the process, for example as a result of a disability, language or literacy barrier please provide details of any support requirements or suggested adjustments below:

Is there anything else you'd like us to know about this parent/carer and their relationship with the child/young person and/or household which may help us more sensitively communicate with the parent and/or effect how we may want to handle the child or parent's data?

### 5.1.3 Steps 4 – 6 - Attainment

Please provide details of the grading system used in school and how this relates to expected progress.

Please provide details of the child/young person's current attainment, adding one curriculum area/core subject at a time.

Curriculum Area/ Core Subject

Teacher Assessed Grade & Date

Formal Assessment Grade & Date include details of test used

Months/Years Behind Age Related Expectations

Add More

Please provide details of recent standardised tests, eg EP, SLT, BACS, Early Years Tracker etc.

Standardised Test

Date

Percentile

Age Equivalent

Add More

## 5.1.4 Step 7 - 9 – Reason for making the request & special educational needs

★Please summarise the reasons for requesting an EHC Needs Assessment

There is a limit of 30000 characters. 30000 remaining.

★Please identify the child/young person's primary area of need

Please identify any secondary areas of need:

Select from drop-down list below:

Please provide details of the special education needs in the areas that are relevant.

Cognition and learning:

There is a limit of 30000 characters. 30000 remaining.

How are the needs detailed for Cognition and Learning supported by professional reports, uploaded as part of this request form? Please reference the reports by file name.

There is a limit of 30000 characters. 30000 remaining.

Communication and interaction:

There is a limit of 30000 characters. 30000 remaining.

How are the needs detailed for Communication and Interaction supported by professional reports, uploaded as part of this request form? Please reference the reports by file name.

There is a limit of 30000 characters. 30000 remaining.

Social, emotional & mental health needs:

There is a limit of 30000 characters. 30000 remaining.

How are the needs detailed for Social, Emotional and Mental Health needs supported by professional reports, uploaded as part of this request form? Please reference the reports by file name.

There is a limit of 30000 characters. 30000 remaining.

Independence and self-care:

There is a limit of 30000 characters. 30000 remaining.

How are the needs detailed for Independence and Self- Care supported by professional reports, uploaded as part of this request form? Please reference the reports by file name.

There is a limit of 30000 characters. 30000 remaining.

Physical, sensory and health needs:

There is a limit of 30000 characters. 30000 remaining.

How are the needs detailed for Physical, Sensory and Health needs supported by professional reports, uploaded as part of this request form? Please reference the reports by file name.

There is a limit of 30000 characters. 30000 remaining.

Support for the family that is already in place (e.g. CAF, early help)

There is a limit of 30000 characters. 30000 remaining.

## 5.1.5 Step 11 – External involvements

Please provide details of the services that have been working with the child/young person, focusing only on those services that have been involved with the child/young person within the last 18 months.

Service

Please select

Other service:

Name of professional and contact details

Date(s) of involvement

Will you be uploading a report resulting from this involvement as a supporting document?

Yes  No

Add More

## 5.1.6 Steps 12 – 14 - Evidence of a graduated approach (Terms 1, 2 & 3)

Term 1

What specific support has the school /setting put in place to meet the special educational needs of the child/young person? (Please consider the special educational needs of the child/young person you have detailed in Step 8)

Schools will currently be providing this support from their delegated budget, up to a cost of £6000.

Intervention and expected outcome

Dates from/ to

Frequency (i.e. 30 mins per week)

Length (i.e. 6 weeks)

Group size i.e. 1:8

Delivered by (i.e. TA)

Who provided the advice for the intervention? (i.e. SEMHL)

Was the outcome achieved? i.e. Yes – he developed 1 friendship, No – unable to make a friend

What did you do next? i.e. Yes – ad-hoc support by all adults to use skills in unstructured time, No – requested advice from CCT & reduced group size

Cost of intervention (if relevant) (This does not include universal support services, but would include TA/HLTA time)

[Add More](#)

## 5.1.7 Step 15 – Additional Support

What additional support, which cannot be provided from the school/setting's delegated budget, is needed to overcome the barriers for this child/young person?

This additional support should be clearly defined, specified and quantified.

Special Educational Need/ What does the child/young person need support with? (e.g. 'Social Communication & Interaction, Child needs support to interact appropriately during unstructured times')

What interventions/support does this require? (e.g. 'Additional support for an adult to model and praise appropriate interaction and to support development of relationships with other children')

Length (e.g. 1 term subject to review)

Frequency (e.g. 'Daily, during unstructured times (1.5 hrs per day)')

Group size (e.g. 1:1)

Delivered by (e.g. Learning Mentor)

Expected Outcomes, how it will be measured & how often (e.g. 'Child will be able to interact appropriately during unstructured times, without supervision at break and lunch times for at least 80% of the time')

Cost of intervention (if relevant), (This does not include universal support services but would include TA/HLA time.)

[Add More](#)

## 5.1.8 Step 16 – About Me

Please complete these questions with the child or young person, differentiating, re-wording questions and employing appropriate support structures as far as you need to, to gather an honest and meaningful response. If it is not possible to gather information in relation to a particular question, please tell us this and if it could be helpful, let us know a bit about why. With young children, written responses formed from observations would be very helpful.

Alternatively, please upload the child or young person's responses using the file upload option at the bottom of the screen. If it is not possible to complete these questions, it may be preferable to include a set of photos - one for each question or a link to video(s) or alternative and creative formats, as you feel best.

If the assessment proceeds, the responses will be shared with the team conducting the assessment and if an EHCP is issued, used to help build a profile conveying their views, interests and aspirations.

How would you describe yourself?

What is important in your life at the moment? What are the things that will always be important to you?

How do you like to communicate? For example, what language do you speak? Do you like to text, e-mail or chat in person? What makes communicating with others harder for you? What makes it easier for you?

What are you good at and what do you enjoy?

What are you not so good at and what do you not enjoy?

What would you like to do when you leave school/education and learning? What are your aspirations?

Did anyone help you to record your views?

No

Please describe your experience of school/education and learning so far:

If so, who?

Please upload a photograph of the child/young person which could be used on the front of an EHCR:

- Please ensure that your files have the correct extensions, these should be .doc, .docx, .pdf, .png, .jpeg, .jpg, .bmp
- The maximum file size allowed is 10MB
- By uploading this file, you are confirming that it is free from viruses or other malware and contains no inappropriate material. If the file contains images of people, please ensure you have their consent for the image to be shared
- You must upload each file by selecting the upload button for the file to be added to the form

No file chosen

File Name:

File Type:

File Size:

If the child/young person (or parent/carer) has declined to share a photograph for this purpose please indicate below:

No

If you would like to share a response in another format, please upload this below. Please name your file in the following format 'ABOUTMEInitialsDOB' i.e. 'ABOUTMELH26.08.2012'

- Please ensure that your files have the correct extensions, these should be .doc, .docx, .pdf, .png, .jpeg, .jpg, .bmp
- The maximum file size allowed is 10MB
- By uploading this file, you are confirming that it is free from viruses or other malware and contains no inappropriate material. If the file contains images of people, please ensure you have their consent for the image to be shared
- You must upload each file by selecting the upload button for the file to be added to the form

No file chosen



## 5.1.9 Steps 17 – 22 – Supporting Documents

### ★Family Conversation

- Please ensure that your files have the correct extensions, these should be .doc, .docx, .pdf, .png, .jpeg, .jpg, .bmp
- The maximum file size allowed is 10MB
- By uploading this file, you are confirming that it is free from viruses or other malware and contains no inappropriate material. If the file contains images of people, please ensure you have their consent for the image to be shared
- You must upload each file by selecting the upload button for the file to be added to the form

No file chosen

### ★Attendance Data

- Please ensure that your files have the correct extensions, these should be .doc, .docx, .pdf, .png, .jpeg, .jpg, .bmp
- The maximum file size allowed is 10MB
- By uploading this file, you are confirming that it is free from viruses or other malware and contains no inappropriate material. If the file contains images of people, please ensure you have their consent for the image to be shared
- You must upload each file by selecting the upload button for the file to be added to the form

No file chosen

File Name:

File Type:

File Size:

### Attainment Data (including details of how many months/years behind expectation)

- Please ensure that your files have the correct extensions, these should be .doc, .docx, .pdf, .png, .jpeg, .jpg, .bmp
- The maximum file size allowed is 10MB
- By uploading this file, you are confirming that it is free from viruses or other malware and contains no inappropriate material. If the file contains images of people, please ensure you have their consent for the image to be shared
- You must upload each file by selecting the upload button for the file to be added to the form

No file chosen

### My Support Plan/IEP/Provision Plan

- Please ensure that your files have the correct extensions, these should be .doc, .docx, .pdf, .png, .jpeg, .jpg, .bmp
- The maximum file size allowed is 10MB
- By uploading this file, you are confirming that it is free from viruses or other malware and contains no inappropriate material. If the file contains images of people, please ensure you have their consent for the image to be shared
- You must upload each file by selecting the upload button for the file to be added to the form

No file chosen

If appropriate, please upload EPS involvement and a report written within the last 12 months.

- Please ensure that your files have the correct extensions, these should be .doc, .docx, .pdf, .png, .jpeg, .jpg, .bmp
- The maximum file size allowed is 10MB
- By uploading this file, you are confirming that it is free from viruses or other malware and contains no inappropriate material. If the file contains images of people, please ensure you have their consent for the image to be shared
- You must upload each file by selecting the upload button for the file to be added to the form

No file chosen

If appropriate, please upload evidence of health advice being sought and implemented, for example relevant information on medical advice to the school. (Please submit each document separately)

- Please ensure that your files have the correct extensions, these should be .doc, .docx, .pdf, .png, .jpeg, .jpg, .bmp
- The maximum file size allowed is 10MB
- By uploading this file, you are confirming that it is free from viruses or other malware and contains no inappropriate material. If the file contains images of people, please ensure you have their consent for the image to be shared
- You must upload each file by selecting the upload button for the file to be added to the form

No file chosen

If appropriate, please upload evidence relating to social care involvement/ Early Help/CAF.

- Please ensure that your files have the correct extensions, these should be .doc, .docx, .pdf, .png, .jpeg, .jpg, .bmp
- The maximum file size allowed is 10MB
- By uploading this file, you are confirming that it is free from viruses or other malware and contains no inappropriate material. If the file contains images of people, please ensure you have their consent for the image to be shared
- You must upload each file by selecting the upload button for the file to be added to the form

No file chosen

Please upload any other supporting documents you would like to enclose below. If you are uploading another professional report, please include any diagnoses or community paediatrics reports from any time in the child/young person's life. Otherwise, please limit any professional reports to those prepared within the last 18 months.

Service

Other service

Upload document below:

- Please ensure that your files have the correct extensions, these should be .doc, .docx, .pdf, .png, .jpeg, .jpg, .bmp
- The maximum file size allowed is 10MB
- By uploading this file, you are confirming that it is free from viruses or other malware and contains no inappropriate material. If the file contains images of people, please ensure you have their consent for the image to be shared
- You must upload each file by selecting the upload button for the file to be added to the form

No file chosen

File Name:

File Type:

File Size:

## 5.2 Appendix 2 – Schools EHCNA Application form (My Support Plan)

### 5.2.1 Step 1 – Further details of the child/young person

Step 1 Work Details   Step 2 Further Details of Child or Young Person   Step 3 Parent/Carer information   Step 4 Attainment   Step 5 Attainment   Step 6 Attainment   Step 7 Reason for making the request

Step 8 Primary Need   Step 9 Secondary Need(s)   Step 10 Special Education Needs   Step 11 Involvement of External Services   Step 12 Evidence of a Graduated Approach (Cycle 1)

Step 13 Evidence of a Graduated Approach (Cycle 2)   Step 14 Evidence of a Graduated Approach (Cycle 3)   Step 15 Additional Support Required   Step 16 About Me   Step 17 Supporting Documents

Step 18 My Support Plan/IEP/Provision Plan   Step 19 EP advice   Step 20 Health advice   Step 21 Care advice   Step 22 Other documents   Step 23 Summary

\*Current school year (-1 = nursery year, 0 = reception, 1 = year 1, 2 = year 2 etc.)  
Please select

Please indicate NCY offset below (if they are not offset, please indicate 0):  
Please select

\*Are they a looked after child/young person?  
 No

\*Are they in receipt of Pupil Premium?  
 No

\*Sex  
Please select

Religion  
Please select

\*UPN

\*NHS Number

Back   Save & Continue

## 5.2.2 Step 2 – Parent/Carer Information

Please include parent/carer details below, adding one parent/carer at a time.  
To ensure a smooth process for the parents and child/young person, it will be helpful to have several different ways of getting in touch with the child/young person's parents. Where possible, please include home, work and mobile numbers and an e-mail address for each parent/carer.  
If the child is looked after or if we need to liaise with the child's social worker in addition to their parents/carers, please add the details of the social worker too.

• First Name

• Surname

• Relationship with the child/young person

• Do they have parental responsibility for the child/young person?

 No

• Home Language

Other Language

Address (if different to child/young person's)

Postcode (if different to child/young person's)

E-mail address

Home telephone number

Mobile Telephone number

Work telephone number

Preferred method of contact for day-to day communication and queries in relation to the process (Please ensure that the relevant contact details as identified below are included above)

If the parent/carer is likely to have any difficulties accessing the process, for example as a result of a disability, language or literacy barrier please provide details of any support requirements or suggested adjustments below:

Is there anything else you'd like us to know about this parent/carer and their relationship with the child/young person and/or household which may help us more sensitively communicate with the parent and/or effect how we may want to handle the child or parent's data?

## 5.2.3 Step 4 - 6 – Reason for making the request & special educational needs

\*Please summarise the reasons for requesting an EHC Needs Assessment

There is a limit of 30000 characters. **30000** remaining.

\*Please identify the child/young person's primary area of need

Please identify any secondary areas of need:

Select from drop-down list below:

## 5.2.4 Step 7 - Evidence of a Graduated Approach

### Evidence of a Graduated Approach

The local authority requires settings to follow the graduated approach when supporting children with special educational needs. In most cases this is made up of three cycles of support and review. Please upload evidence of a graduated cycles of support, including comments to help us quickly identify:

- What additional support was provided?
- What impact did it have?
- How is the support evidenced?

Examples of the evidence that you might provide for each support cycle are listed below:

#### Cycle 1:

- An individual education plan, or provision map, with details of impact, or
- A report from an external service, and review with impact, or
- A My Support Plan, including review with impact.

#### Cycle 2:

- A report from an external service, and review with impact, or
- A My Support Plan, including review with impact.

#### Cycle 3:

- A My Support Plan, including review and impact.

### Summary of Cycle 1 of graduated support

There is a limit of 30000 characters. 30000 remaining

### Evidence demonstrating Cycle 1 graduated support

- Please ensure that your files have the correct extensions, these should be .doc, .docx, .pdf, .png, .jpeg, .jpg, .bmp
- The maximum file size allowed is 10MB
- By uploading this file, you are confirming that it is free from viruses or other malware and contains no inappropriate material. If the file contains images of people, please ensure you have their consent for the image to be shared
- You must upload each file by selecting the upload button for the file to be added to the form

No file chosen

If you are not able to evidence 3 cycles of support, please give reasons for this

There is a limit of 30000 characters. 30000 remaining.

Where possible, please provide details of the financial costs associated with the support currently being provided to the student

There is a limit of 30000 characters. 30000 remaining

## 5.2.5 Step 8 - Additional Support requested

\*What additional support is needed? (in addition to that available through the school's delegated budget)

\*How frequently does it needs to be provided?

\*Who needs to provide it?

\*What is the financial cost associated with this provision?

Add More

## 5.2.6 Step 9 – About Me

Please complete these questions with the child or young person, differentiating, re-wording questions and employing appropriate support structures as far as you need to, to gather an honest and meaningful response. If it is not possible to gather information in relation to a particular question, please tell us this and if it could be helpful, let us know a bit about why. With young children, written responses formed from observations would be very helpful.

Alternatively, please upload the child or young person's responses using the file upload option at the bottom of the screen. If it is not possible to complete these questions, it may be preferable to include a set of photos - one for each question or a link to video(s) or alternative and creative formats, as you feel best.

If the assessment proceeds, the responses will be shared with the team conducting the assessment and if an EHCP is issued, used to help build a profile conveying their views, interests and aspirations.

How would you describe yourself?

What is important in your life at the moment? What are the things that will always be important to you?

How do you like to communicate? For example, what language do you speak? Do you like to text, e-mail or chat in person? What makes communicating with others harder for you? What makes it easier for you?

What are you good at and what do you enjoy?

What are you not so good at and what do you not enjoy?

What would you like to do when you leave school/education and learning? What are your aspirations?



Did anyone help you to record your views?

Please describe your experience of school/education and learning so far.

If so, who?

Please upload a photograph of the child/young person which could be used on the front of an EHCP.

- Please ensure that your files have the correct extensions, these should be .doc, .docx, .pdf, .png, .jpeg, .jpg, .bmp
- The maximum file size allowed is 10MB
- By uploading this file, you are confirming that it is free from viruses or other malware and contains no inappropriate material. If the file contains images of people, please ensure you have their consent for the image to be shared
- You must upload each file by selecting the upload button for the file to be added to the form

No file chosen

File Name:

File Type:

File Size:

If the child/young person (or parent/carer) has declined to share a photograph for this purpose please indicate below.

If you would like to share a response in another format, please upload this below. Please name your file in the following format: ABOUTMEInitialsDOB i.e. ABOUTMELH26.08.2012

- Please ensure that your files have the correct extensions, these should be .doc, .docx, .pdf, .png, .jpeg, .jpg, .bmp
- The maximum file size allowed is 10MB
- By uploading this file, you are confirming that it is free from viruses or other malware and contains no inappropriate material. If the file contains images of people, please ensure you have their consent for the image to be shared
- You must upload each file by selecting the upload button for the file to be added to the form

No file chosen

## 5.2.7 Step 10 & 11 - Supporting documents

### ★ Family Conversation

- Please ensure that your files have the correct extensions, these should be .doc, .docx, .pdf, .png, .jpeg, .jpg, .bmp
- The maximum file size allowed is 10MB
- By uploading this file, you are confirming that it is free from viruses or other malware and contains no inappropriate material. If the file contains images of people, please ensure you have their consent for the image to be shared
- You must upload each file by selecting the upload button for the file to be added to the form

No file chosen

Attachment Data (including details of how many months/years behind expectation)

- Please ensure that your files have the correct extensions, these should be .doc, .docx, .pdf, .png, .jpeg, .jpg, .bmp
- The maximum file size allowed is 10MB
- By uploading this file, you are confirming that it is free from viruses or other malware and contains no inappropriate material. If the file contains images of people, please ensure you have their consent for the image to be shared
- You must upload each file by selecting the upload button for the file to be added to the form

No file chosen

File Name:

File Type:

File Size:

\*Attendance Data

- Please ensure that your files have the correct extensions, these should be .doc, .docx, .pdf, .png, .jpeg, .jpg, .bmp
- The maximum file size allowed is 10MB
- By uploading this file, you are confirming that it is free from viruses or other malware and contains no inappropriate material. If the file contains images of people, please ensure you have their consent for the image to be shared
- You must upload each file by selecting the upload button for the file to be added to the form

No file chosen

Please upload any other supporting documents you would like to enclose below. If you are uploading another professional report, please include any diagnoses or community paediatrics reports from any time in the child/young person's life. Otherwise, please limit any professional reports to those prepared within the last 18 months.

Service

Other service

Upload document below:

- Please ensure that your files have the correct extensions, these should be .doc, .docx, .pdf, .png, .jpeg, .jpg, .bmp
- The maximum file size allowed is 10MB
- By uploading this file, you are confirming that it is free from viruses or other malware and contains no inappropriate material. If the file contains images of people, please ensure you have their consent for the image to be shared
- You must upload each file by selecting the upload button for the file to be added to the form

No file chosen

File Name:

File Type:

File Size:

[Add More](#)



### 5.3 Appendix 3 – Early Years settings

#### 5.3.1 Step 1 –4 - Further details of the child/young person

Step 1: **World Details** | Step 2: Further Details of Child or Young Person | Step 3: Parent/Care Information | Step 4: Admissions | Step 5: Admissions | Step 6: Admissions | Step 7: Reason for making the request

Step 8: Primary Need | Step 9: Secondary Needs | Step 10: Special Education Needs | Step 11: Involvement of External Services | Step 12: Evidence of a Graduated Approach (Cycle 1)

Step 13: Evidence of a Graduated Approach (Cycle 2) | Step 14: Evidence of a Graduated Approach (Cycle 3) | Step 15: Additional Support Required | Step 16: About Me | Step 17: Supporting Documents

Step 18: My Support Plan/EP/PP/Provision Plan | Step 19: EP advice | Step 20: Health advice | Step 21: Care advice | Step 22: Other documents | Step 23: Summary

\*Current school year (-1 = nursery year, 0 = reception, 1 = year 1, 2 = year 2 etc.)  
Please select

Please indicate NCY offset below (if they are not offset, please indicate 0):  
Please select

\*Are they a looked after child/young person?  
 No

\*Are they in receipt of Pupil Premium?  
 No

\*Sex  
Please select

Religion  
Please select

\*UPN

\*NHS Number

Back Save & Continue

\*Number of funded hours per week

\*Is the child in receipt of SENIF funding?

\*Are they in receipt of Pupil Premium?

 No

\*Sessions available to attend this term:

\*Sessions attended this term

Sessions available to attend last term:

Sessions attended last term:

## 5.3.2 Step 5 – Parent/Carer Information

Please include parent/carer details below, adding one parent/carer at a time.  
To ensure a smooth process for the parents and child/young person, it will be helpful to have several different ways of getting in touch with the child/young person's parents. Where possible, please include home, work and mobile numbers and an e-mail address for each parent/carer.  
If the child is looked after or if we need to liaise with the child's social worker in addition to their parents/carers, please add the details of the social worker too.

• First Name

• Surname

• Relationship with the child/young person

Please select the value required

• Do they have parental responsibility for the child/young person?

 No

• Home Language

Please select the value required

Other Language

Address (if different to child/young person's)

Postcode (if different to child/young person's)

E-mail address

Home telephone number

Mobile Telephone number

Work telephone number

Preferred method of contact for day-to day communication and queries in relation to the process (Please ensure that the relevant contact details as identified below are included above)

Please select the value required

If the parent/carer is likely to have any difficulties accessing the process, for example as a result of a disability, language or literacy barrier please provide details of any support requirements or suggested adjustments below:

Is there anything else you'd like us to know about this parent/carer and their relationship with the child/young person and/or household which may help us more sensitively communicate with the parent and/or effect how we may want to handle the child or parent's data?

### 5.3.3 Step 6 - 8 – Reason for making the request & special educational needs

\*Please summarise the reasons for requesting an EHC Needs Assessment

There is a limit of 30000 characters. 30000 remaining.

\*What concerns do you have about the child's move to their reception year?

There is a limit of 30000 characters. 30000 remaining.

\*Please identify the child/young person's primary area of need

Please identify any secondary areas of need:

Select from drop-down list below:

## 5.3.4 Step 9 – 12 - Evidence of a Graduated Approach – Cycles 1,2 & 3

Cycle 1: Please include details of interventions during the first cycle of support, detailing one intervention at a time, completing all three fields for each intervention and clicking 'Add more' to detail the next.

\*What additional support was provided?

There is a limit of 30000 characters. 30000 remaining.

\*What impact did it have?

There is a limit of 30000 characters. 30000 remaining.

\*How is the support evidenced?

There is a limit of 30000 characters. 30000 remaining.

Add More

If you are not able to evidence 3 cycles of support, please give reasons for this

There is a limit of 30000 characters. 30000 remaining.

## 5.3.5 Step 13 – About Me

Please complete these questions with the child or young person, differentiating, re-wording questions and employing appropriate support structures as far as you need to, to gather an honest and meaningful response. If it is not possible to gather information in relation to a particular question, please tell us this and if it could be helpful, let us know a bit about why. With young children, written responses formed from observations would be very helpful.

Alternatively, please upload the child or young person's responses using the file upload option at the bottom of the screen. If it is not possible to complete these questions, it may be preferable to include a set of photos - one for each question or a link to video(s) or alternative and creative formats, as you feel best.

If the assessment proceeds, the responses will be shared with the team conducting the assessment and if an EHCP is issued, used to help build a profile conveying their views, interests and aspirations.

How would you describe yourself?

What is important in your life at the moment? What are the things that will always be important to you?

How do you like to communicate? For example, what language do you speak? Do you like to text, e-mail or chat in person? What makes communicating with others harder for you? What makes it easier for you?

What are you good at and what do you enjoy?

What are you not so good at and what do you not enjoy?

What would you like to do when you leave school/education and learning? What are your aspirations?

Did anyone help you to record your views?

Please describe your experience of school/education and learning so far.

If so, who?

Please upload a photograph of the child/young person which could be used on the front of an EHCP.

- Please ensure that your files have the correct extensions, these should be .doc, .docx, .pdf, .png, .jpeg, .jpg, .bmp
- The maximum file size allowed is 10MB
- By uploading this file, you are confirming that it is free from viruses or other malware and contains no inappropriate material. If the file contains images of people, please ensure you have their consent for the image to be shared
- You must upload each file by selecting the upload button for the file to be added to the form

No file chosen

File Name:

File Type:

File Size:

If the child/young person (or parent/carer) has declined to share a photograph for this purpose please indicate below.

If you would like to share a response in another format, please upload this below. Please name your file in the following format: 'ABOUTMEInitialsDOB' i.e. ABOUTMELH26.08.2012

- Please ensure that your files have the correct extensions, these should be .doc, .docx, .pdf, .png, .jpeg, .jpg, .bmp
- The maximum file size allowed is 10MB
- By uploading this file, you are confirming that it is free from viruses or other malware and contains no inappropriate material. If the file contains images of people, please ensure you have their consent for the image to be shared
- You must upload each file by selecting the upload button for the file to be added to the form

No file chosen



## 5.3.6 Step 14 – Current Provision

Provision currently in place

### \*Setting context:

There is a limit of 30000 characters. 30000 remaining.

### \*Additional Support provided by the setting

There is a limit of 30000 characters. 30000 remaining.

### \*Additional support provided by external agencies:

There is a limit of 30000 characters. 30000 remaining.

## 5.3.7 Steps 15 -17 - Supporting documents

### \*Family Conversation

- Please ensure that your files have the correct extensions, these should be .doc, .docx, .pdf, .png, .jpeg, .jpg, .bmp
- The maximum file size allowed is 10MB
- By uploading this file, you are confirming that it is free from viruses or other malware and contains no inappropriate material. If the file contains images of people, please ensure you have their consent for the image to be shared
- You must upload each file by selecting the upload button for the file to be added to the form

No file chosen

### \*My Support Plan

- Please ensure that your files have the correct extensions, these should be .doc, .docx, .pdf, .png, .jpeg, .jpg, .bmp
- The maximum file size allowed is 10MB
- By uploading this file, you are confirming that it is free from viruses or other malware and contains no inappropriate material. If the file contains images of people, please ensure you have their consent for the image to be shared
- You must upload each file by selecting the upload button for the file to be added to the form

No file chosen

Please upload any other supporting documents you would like to enclose below. If you are uploading a professional report, please include any diagnoses or community paediatrics reports from any time in the child/young person's life. Otherwise, please limit any professional reports to those prepared within the last 18 months.

**External service**

Please select the value required

**Other service**

Upload document below:

- Please ensure that your files have the correct extensions, these should be .doc, .docx, .pdf, .png, .jpeg, .jpg, .bmp
- The maximum file size allowed is 10MB
- By uploading this file, you are confirming that it is free from viruses or other malware and contains no inappropriate material. If the file contains images of people, please ensure you have their consent for the image to be shared
- You must upload each file by selecting the upload button for the file to be added to the form

No file chosen

**File Name:**

**File Type:**

**File Size:**