

Parents Guide to Submitting an EHCP Assessment Request

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Liquidlogic User Guide

Parent's Guide to the new EHCP Assessment process

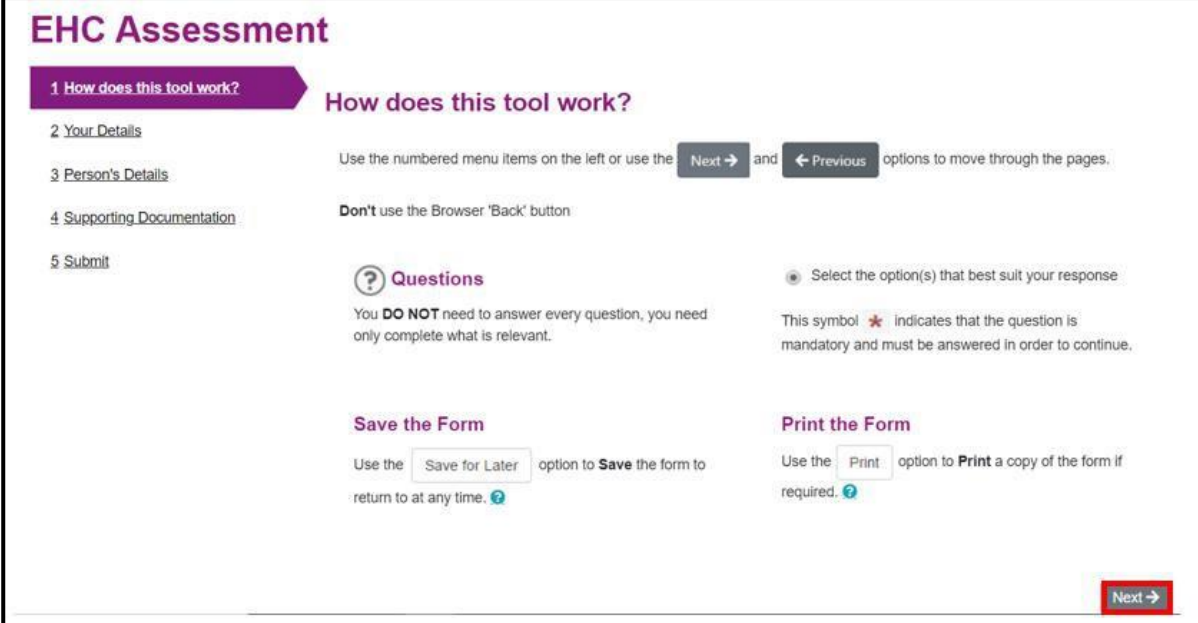
Accessing the website

Go to www.worcschildrenfirst.org.uk and then click on SEND.

There will be a link to click to open the EHCP Assessment Request form.

The form will open on the screen.

Click **Next**



EHC Assessment

1 **How does this tool work?**

2 Your Details

3 Person's Details

4 Supporting Documentation

5 Submit

How does this tool work?

Use the numbered menu items on the left or use the **Next →** and **← Previous** options to move through the pages.

Don't use the Browser 'Back' button

Questions

You **DO NOT** need to answer every question, you need only complete what is relevant.

Select the option(s) that best suit your response

This symbol ***** indicates that the question is mandatory and must be answered in order to continue.

Save the Form

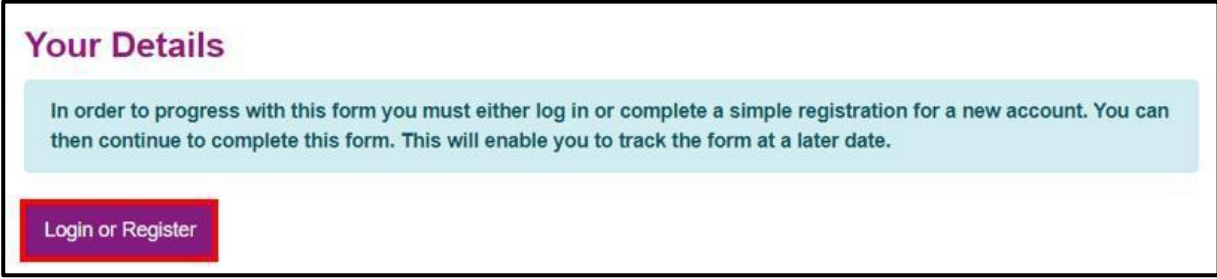
Use the **Save for Later** option to **Save** the form to return to at any time. ?

Print the Form

Use the **Print** option to **Print** a copy of the form if required. ?

Next →

Click **Login or Register**



Your Details

In order to progress with this form you must either log in or complete a simple registration for a new account. You can then continue to complete this form. This will enable you to track the form at a later date.

Login or Register

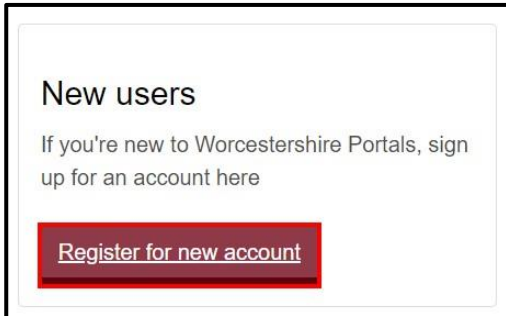
If the child/young person is 16 years or over, then they will need to complete the form themselves and set up their own account.

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New User Registration

An account is needed to use the system. Please register an account. This will also allow access to view any saved forms or forms submitted within the last 30 days.

Click on **Register for new account**

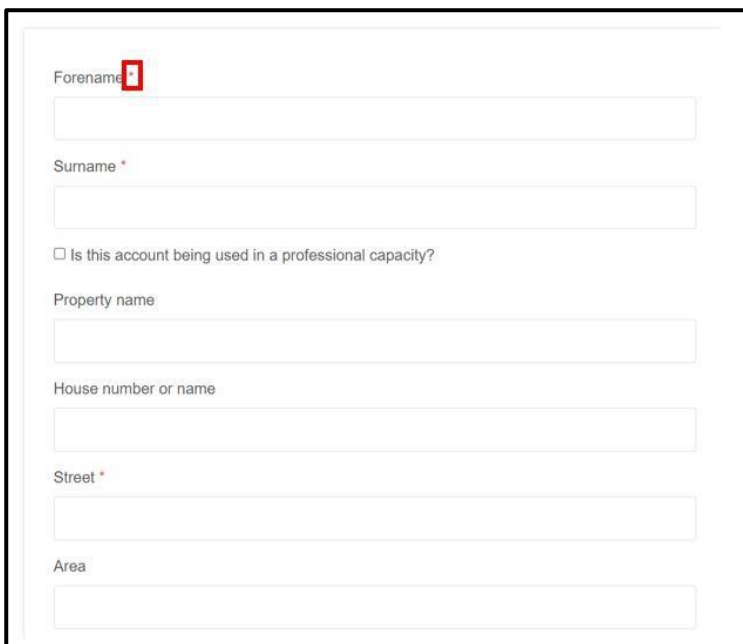


New users

If you're new to Worcestershire Portals, sign up for an account here

[Register for new account](#)

Complete all the details. Any section with a red * is mandatory and has to be completed before the account can be set up. Scroll down the page for all the boxes to be visible.



Forename *

Surname *

Is this account being used in a professional capacity?

Property name

House number or name

Street *

Area

Click **Next** (at the bottom of the screen)



Next Cancel

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Add the email address. Please make sure it is spelt correctly as this is how to access into the system in the future.

Add a password that is easily remembered, but not one that is commonly used. It will also need to meet the password criteria (see below) for it to be allowed.

Add the password again in the Confirm Password box. Click **Next**

Email address *

Password *

Confirm password *

Password Policy

Password policy

Your password must meet the following requirements:

- It must be at least 15 characters long
- It must contain at least one letter
- It must contain only letters, digits, and special characters
- It must contain at least one upper-case letter
- It must contain at least one numerical digit
- It must be different to your current password
- It must be different to your previous 8 passwords.

[Click here to see the list of special characters:](#)

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An email containing a verification code will be sent to the registered email. Please enter the code in the box. The easiest way to do this is by copy and paste, but it can be typed in. Check the number is correct before continuing.

If the email is not received, check spam or junk mail folders.

Register a new account - step 3

We have just sent you an email to confirm your email address. Please enter the code this contains below. Use the **back** button below if you would like to change your email address and try again or **Please send me a new code** if you need another one.

If you can't find this email, it may be in your spam/junk email folder.

Code *

Once the code is entered and checked, click Next

Back **Next** **Cancel**

If the code is not recognised, click on Please send me a new code link

[Please send me a new code](#)

The account has now been registered. Click **Continue**

Registration completed

Your registration has been completed successfully. Click **Continue** to carry on with your session.

Continue

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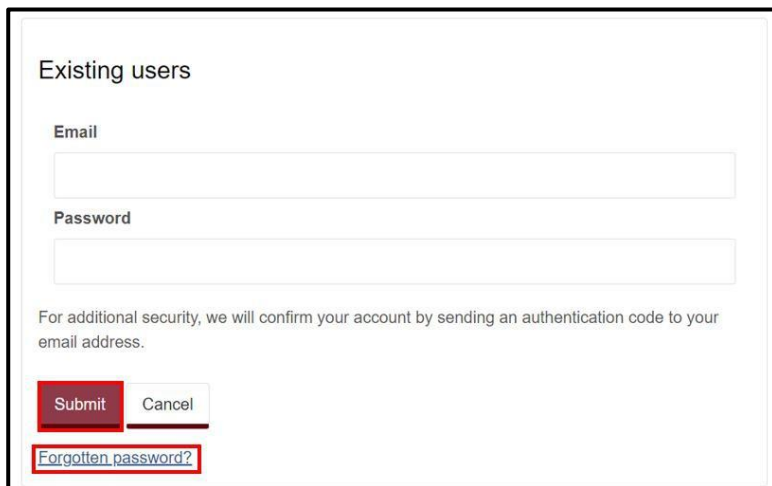
Account Already Exists

If an account already exists, the system will display a warning message. Click Continue to log in or click Forgotten password to reset the password.

Logging In

Existing users only need to login, rather than register.

Enter the **email address registered** and the **password** (see [Password Policy](#) above) and then click **Submit**. Click **Forgotten password** to reset.



Existing users

Email

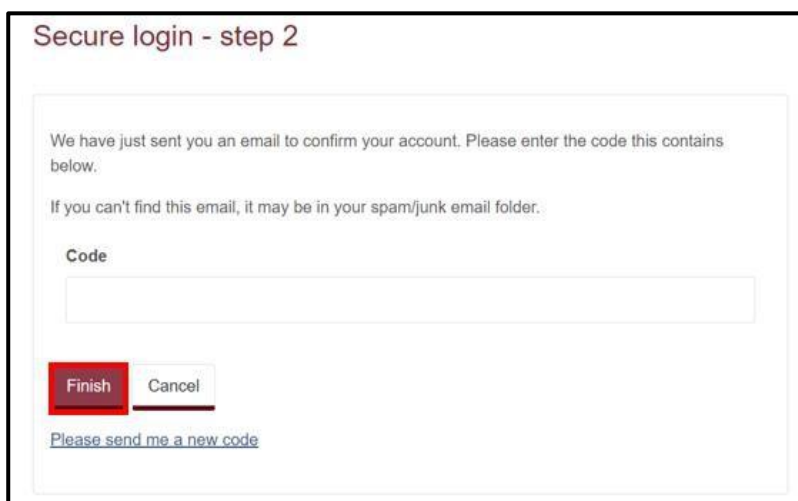
Password

For additional security, we will confirm your account by sending an authentication code to your email address.

[Forgotten password?](#)

A code will be sent to the registered email address. This code is for one time use only. A new code will be sent each time you log in.

Add the code and click on **Finish**



Secure login - step 2

We have just sent you an email to confirm your account. Please enter the code this contains below.

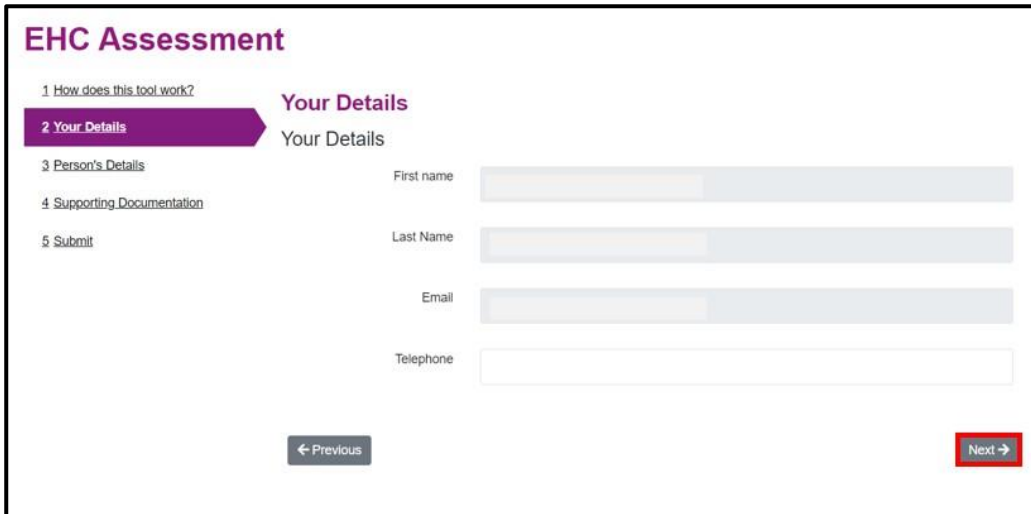
If you can't find this email, it may be in your spam/junk email folder.

Code

[Please send me a new code](#)

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The registered users' details are displayed. Click **Next**



Remember to save the form regularly and the form can be closed and returned to within 30 days

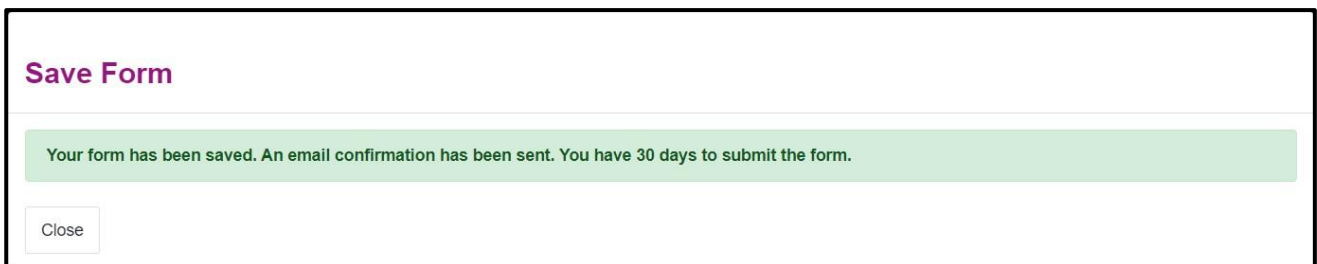
Saving the form

The form doesn't have to be completed all in one go. It can be saved and completed another time.

Scroll to the bottom of the page if not already done so. Click Save for Later



Confirmation that the form is saved will be displayed. It will be saved for 30 days. Click **Close** to remove the message



The form remains on screen so can continue to be completed and saved on a regular basis.

Click **Close** at the bottom of the form to close the form.

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Person's Details

Complete the form. All questions/statements with a red * next to them are mandatory questions that **MUST** be completed before submitting the form.

If a parent is completing the form on behalf of the child, then select completing the form as a parent.

Select completing the form as a child/young person if 16 years of age or older.

Person's Details

Who is this about

I am completing this form as a *

Your relationship to person *

First name *

Complete the child's details. Scroll down the page to see all the boxes.

Person's Details


Who is this about

I am completing this form as a *

Your relationship to person *

First name *

Last name *

Date of birth * 

Is date of birth estimated?

Add the child's ethnicity if known.

Ethnicity

Email

Telephone

NHS number

Adding an Address

To add the address, **type the postcode** and then click **Find Address**

Address

House number or name

Postcode *

Select the correct address from the list. Click on the drop-down arrow

Select address *

Add the Requestor Name (either parent or young person's name if over 16) and the type of request (parent or young person)

Requestor Name *

Requestor Type * Parent or Carer (Children Under 16)
 Young Person (Over 16 and up to 25)
 Professional

Record whether the child is School Year 12 or above.

Year 12 and Above

If the answer is yes, the next question will ask if they have mental capacity to complete the form.

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Does the child have mental capacity? Yes
 No

If the young person does have capacity, they will need to complete a new form themselves and set up their own account.

As the young person is 16 or over, they will need to create an account and make their own request for EHC Needs Assessment.

Under the age of 16

If the child is not year 12 or above, additional questions will be displayed.

Child Looked After * Yes
 No

Is this child or young person being detained in relevant youth accommodation (RYA)? Yes
 No

Add details of the child’s school in the table provided. To view the table in a bigger screen, click **Full Screen**

Please Note: Please click into each individual box and do not use the tab key to move between boxes

Previous Schools/Settings (including early years settings if appropriate)

Please click into each individual cell and do not use the tab key to move between cells.

Name of school/setting	Start Date	End Date	Postcode
<input type="text"/>	<input type="text" value="dd-mm-yyyy"/>	<input type="text" value="dd-mm-yyyy"/>	<input type="text"/>

Full screen
+
-

Add details about the school stage and year group using the drop-down arrows where appropriate

What Key Stage Year Group are they in? * ▼

Is the child/young person in the correct year group for their age
 Yes
 No

Current Year Group ▼

British Sign Language Used? Yes
 No

Add details of parents

Details of the parents/carers

Please provide details Child/Young Person’s family members. Where parents share parental responsibility but do not live together please ensure that both parents details are included:

Please click into each individual cell and do not use the tab key to move between cells.

Name:	Address	Postcode	First Language: <small>(inc British Sign Language)</small>	Is an interpreter required? <small>If EHC needs assessment is agreed, will an interpreter be required.</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Full screen
+
-

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Add details of professionals involved:

Professional Involvement

If the child/young person has had discussions with other professionals, please provide their names below.

If the child /young person is of school age, they need to have a discussion with the Head Teacher/SENCO about the child/young person special educational needs before returning this form.

Please click into each individual cell and do not use the tab key to move between cells.

Advisory Teacher:	<input style="width: 80%;" type="text"/>
Medical Specialist:	<input style="width: 80%;" type="text"/>
Educational Psychologist:	<input style="width: 80%;" type="text"/>
Social Worker:	<input style="width: 80%;" type="text"/>
Other:	<input style="width: 80%;" type="text"/>

[Full screen](#)

Click Next



Parent or Carer

Add details about the child/young person and why the request is being made.

Please remember to save your form regularly.

About the child/young person

Please provide a brief history of your child/young person's needs and difficulties, their strengths as well as any progress made:

(You may wish to think about their health, eating/sleeping, developmental milestones, social skills and relationships, attitude to school, participation in extracurricular activities)

What are your reasons for making this request? Please tell us what you feel is working and what is not working and how you think an Education, Health and Care assessment and potential plan would help your child:

Diagnosis / Conditions:

(If applicable)

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Add details of those involved with the child from Health and Education

Include information if Early Help or Social Care are involved

Details of any Early Help or Social Care involvement

Name of Social worker/Family Support Worker

Full screen + -

Declaration

Click on the **Yes** button to confirm that the SEND team can consider carrying out an assessment

Declaration

I would like you to consider carrying out a statutory assessment of my child/young person's special educational needs and I give you permission to contact their educational setting, health services, social care or other professionals as necessary

Yes

No

Click **Next**

Remember to save the form regularly to avoid losing anything already completed.

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Family Conversation

GP Details/Diagnosis

Add details of the child's GP and details of the diagnosis received. If not relevant, please add N/A

GP's Name *	<input type="text"/>
GP's Address *	<input type="text"/>
Health Authority *	<input type="text"/>
Disability / Diagnosis / Known Condition(s) *	<input type="text"/>
Diagnosed by *	<input type="text"/>

Add details of **Social Care involvement** and **key contact details**.

Complete the **Child's Story** and any relevant sections. **Please add N/A if the question is not relevant to the child. All sections with red * are mandatory and must be completed before submitting the form.**

Child's/Young Person's family story: *	<input type="text"/>
Personality and strengths: *	<input type="text"/>
Interests out of school: Hobbies/interests/activities/friends and what support is needed to access these *	<input type="text"/>
What is important to the child/young Person? (include their hopes and wishes) for the future: *	<input type="text"/>

What is going well for the Child/Young person and their family

Complete all relevant sections, adding N/A where not appropriate for the child.

Health Needs

Add any details of the child's health needs and any concerns you are wanting to raise.

Signatures

The form uses electronic signatures. Please type in **name** and **date**

Click **Next**

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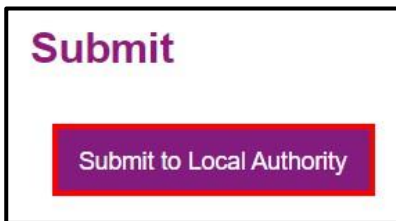
Supporting Documents

There is no need to submit documents at this point. Once the application has been received, an invitation to register for the new Parent Portal will be sent and once set up the documents can be sent securely through the portal as requested by the team.

Click **Next**

Submit

Click **Submit to Local Authority** to send the form.

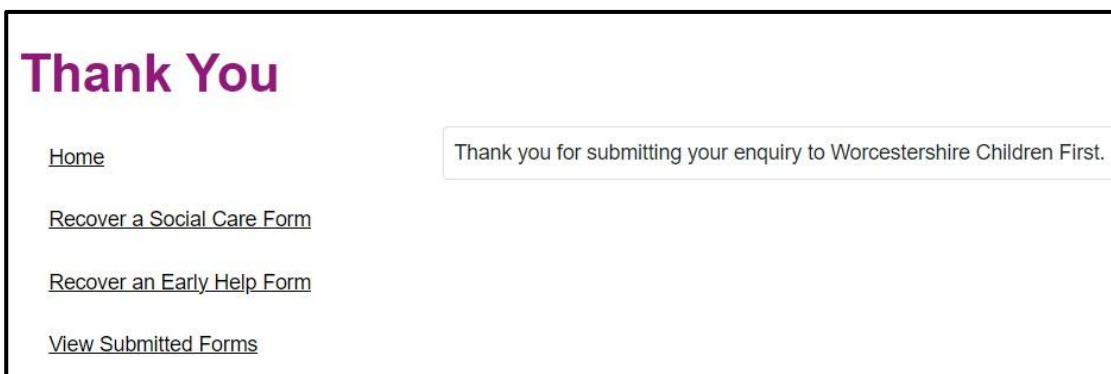


Please note that once submitted, changes cannot be made to the form, so please check and amend before submitting.

A warning will be displayed confirming that no changes can be made. Click **Submit**

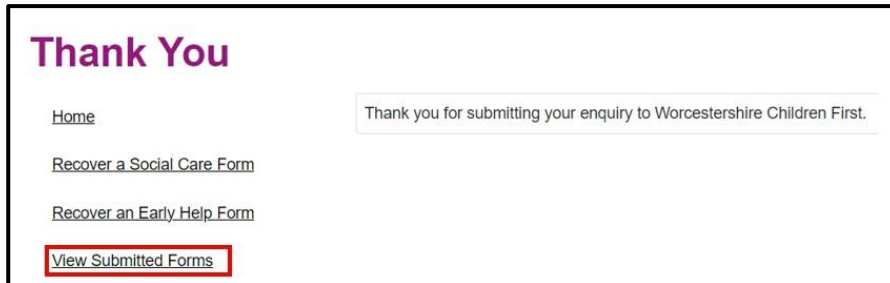


The **Thank You** screen will be displayed confirming the form has been submitted. **An email will also be sent to the registered email address confirming the form has been submitted.**

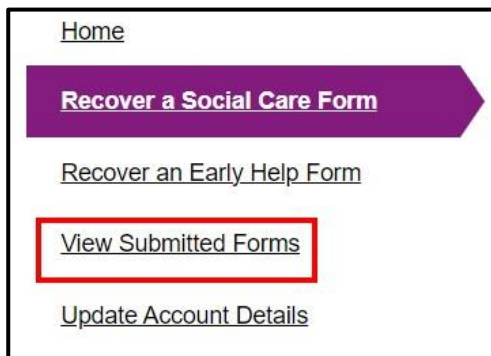


Viewing and Printing Submitted Forms

Submitted forms are available on the account for **30 days once submitted**. The form can be viewed either by clicking **View Submitted Forms** on the Thank You screen or by clicking on **Recover A Form** at the top of the screen



Click **View Submitted Forms**



All submitted forms will be displayed in a table, with the most recent first. **Click on the purple writing** to open the form.



Recently Submitted Forms (Last 30 Days)				
Details	Name	Date	Response	Unique Reference
Portal EHC - Parent/Carer/CYP	Parent SEND	27 Jan 2023	No response posted	LL-DS-P10U-FZGBPD

The form will be opened in **pdf format**. The form can be saved or printed from this point.

Click on the **printer** icon to print or on the **disk** icon to save

