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EHC Assessment 1

How does this tool work?

2 Yes

3 Person's Details

The table numbered questions on the left of the table are the questions that you will be asked to answer through the assessment tool.

1. How often do you have a headache?

Don't know / Hardly ever / Often

2. How often do you have a migraine?

Often

3. Do you have any other health conditions?

4. How often do you have a headache?

5. How often do you have a migraine?

Save the Form

Print the Form

Your Account Details

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

Log In or Register

Register a new account - step 2

Step 2 of 2

Please confirm your details. You will receive a confirmation email to the email address you provided. If you do not receive an email, please check your spam folder. You can find this email in your spam folder.

Confirm your details

First Name: [Text Field]

Last Name: [Text Field]

Phone Number: [Text Field]

Address: [Text Field]

City: [Text Field]

State: [Text Field]

Zip Code: [Text Field]

Country: [Text Field]

Company Name: [Text Field]

Company Address: [Text Field]

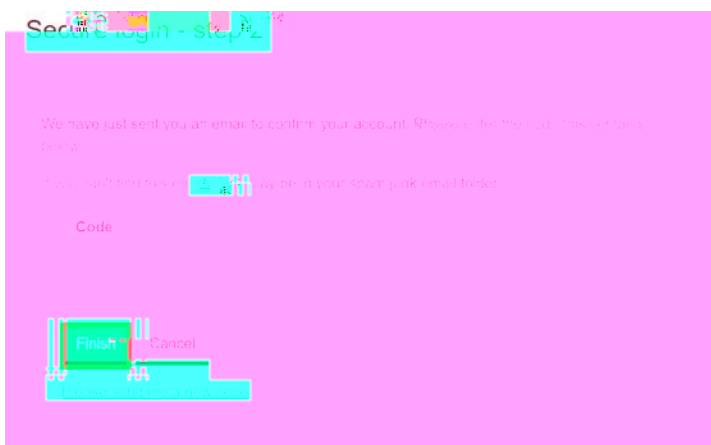
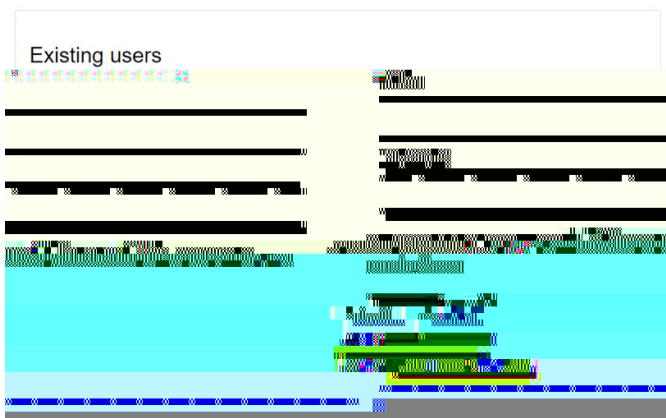
Company City: [Text Field]

Company State: [Text Field]

Company Zip Code: [Text Field]

Company Country: [Text Field]

Confirm your details



1 How does this tool work?

2 Your Details

First name

SENCO

[3 Person's Details](#)

[4 Submit](#)

Test

Role

SENCO

hool

Organisation

Test Sc

as been sent. You have 15 days to submit the form. Your form has been saved. An email confirmation h

15/03/2023

Liquidlogic User Guide

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

Close

Recover a Form

Save

Home

Forms

Tools

Recover a Form

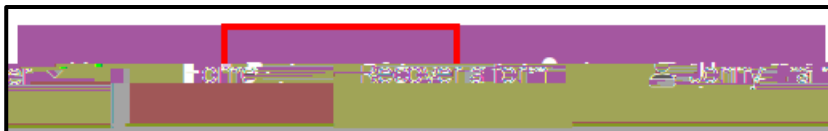
The form is saved for 15 days and can be retrieved any time during this time. After 15 days of inactivity and if the form has not been submitted, the form will be deleted and the form will need to be started again.

Home

Forms

Recover a Form

Save

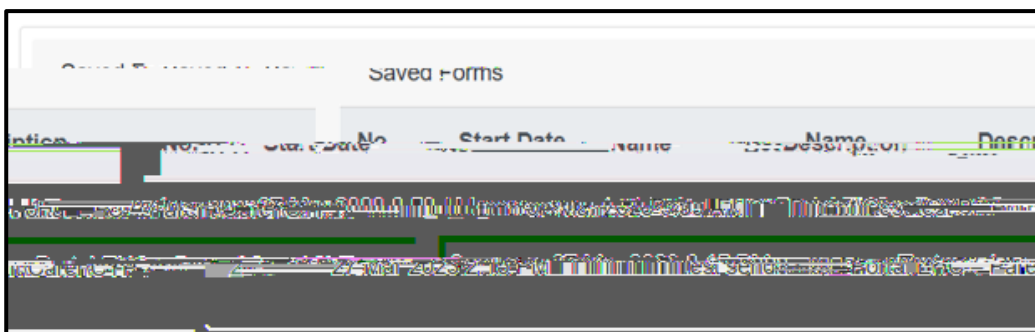


Home

Forms

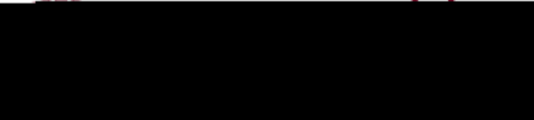
Tools

Recover a Form



Home

Recover a Form



3 H U V R Q | V ' H W D L O V

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

Select **Professional** from the menu for I am completing this form as

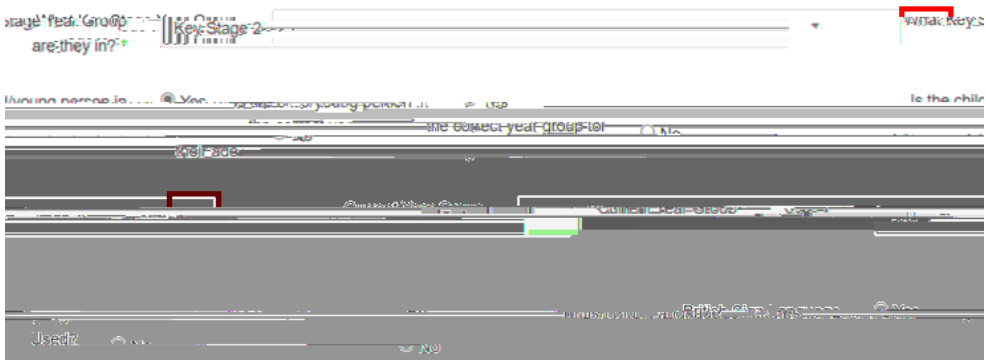
Add role to relationship to person

& R P S O H W H W K H . S K L L O W T W G A H W D L O V the boxes

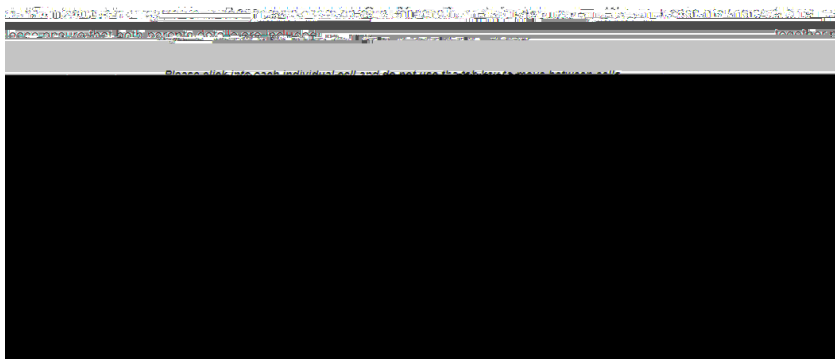
Adding an Address

To add the F K L O G S S , type the **postcode** and then click **Find Address**

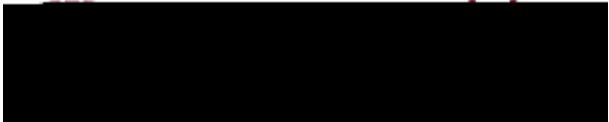
Select the correct address from the list. Click on the drop-down arrow



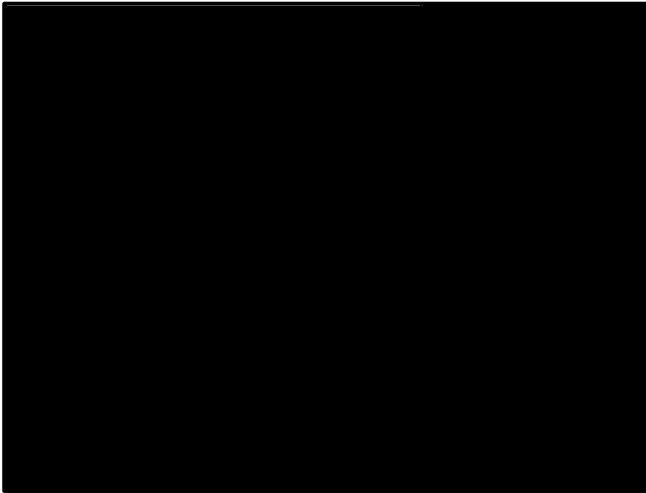
Details of the parents/carers



Liquidlogic User Guide



Add details of professionals involved:



Click Next

Professional

Complete the Professional section with details of the requestor

Professional

gularly. Please remember to save your form regularly.

Name of person:

(if not parents/carers)

Address:

Postcode:

Telephone number:

Mobile number:

Scroll down the screen and click **Next**



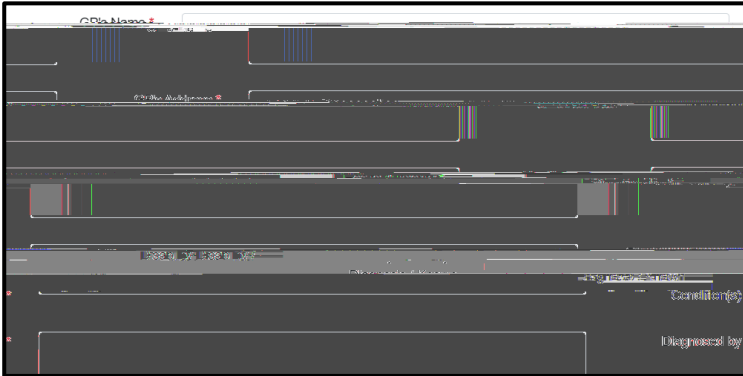
Liquidlogic User Guide



Family Conversation

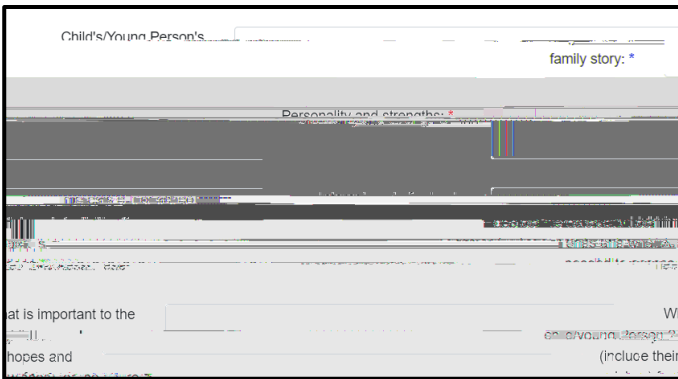
GP Details/Diagnosis

\$ G G H W D L O V R I W K H F K L O G T V * 3 D Q G G H W D L O V R I W K H G L D
add N/A. **Please remember to click into each field, do not use the tab function.**



Add details of **Social Care involvement** and **key contact details**. **Please remember to click into each field, do not use the tab function.**

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.**



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. The text boxes will expand as required.

Health Needs

\$ G G Q \ G H W D L F K L O G T V W K K H D O W K Q H H G O U a d e W a n t i n g t o r a i s e R Q F H U Q V

Signatures

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

Section 6

PRIMARY - Key Stage 1

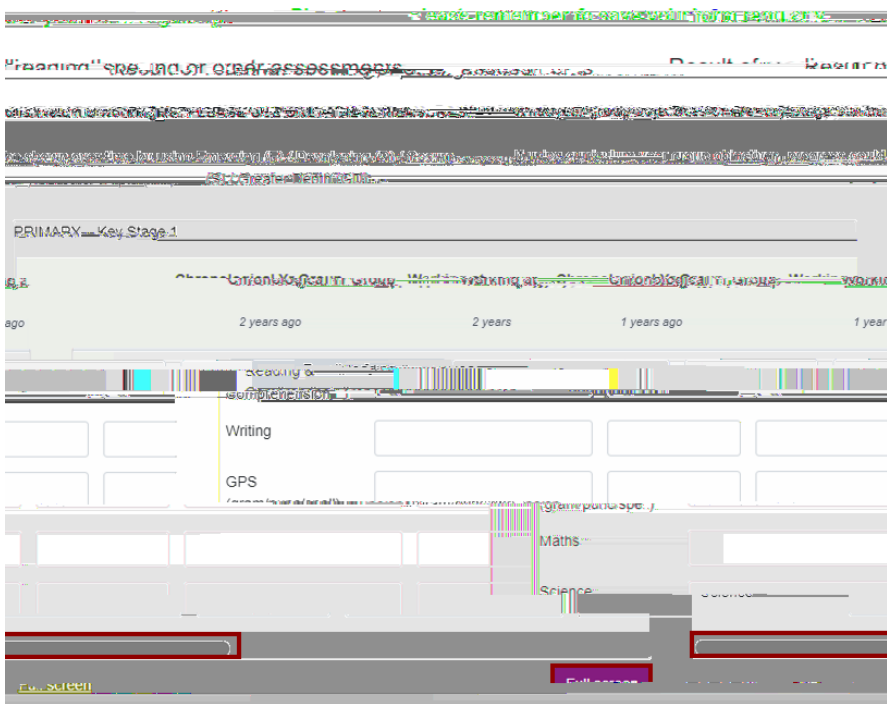
Writing

GPS

Maths

Science

Full screen



Section 4

Please remember to save your form regularly.

Details of recent attendance record over 3 terms

Term *	Res
Autumn	30

Full screen + -

Communication and Yes

No

Yes

Social, Emotional and

Mental Health

Details

No

Sensory and/or physical

Yes

No

Section 5

09/05/2017 09:00

Please remember to save your form regularly.

person's SEN

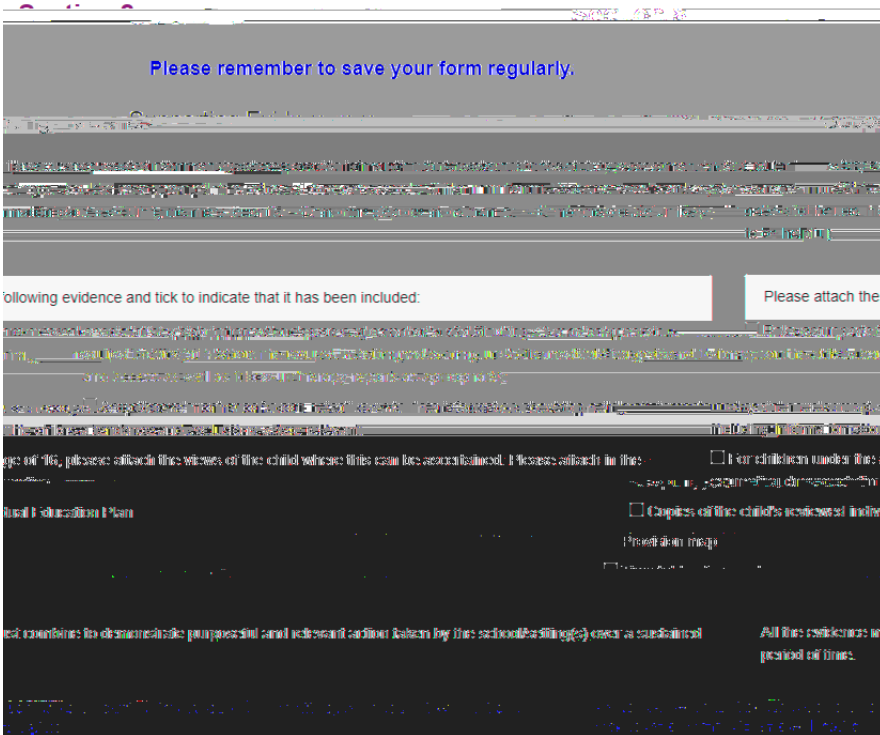
Current allocated Resources/Provision from National SEN Budget not allocated

What is the timescale and fr

Full screen



Section 7



Liquidlogic User Guide




Supporting Documents



Upload your file advertisement to the following file types:

- Word Documents
- PDF Files
- Images (.jpg / .png / .jpeg format)

 Upload Document

Submit to Local Authority

x

Have you entered all the information you need to?

You will not be able to make any further changes once you press the "Submit" button

Thank You

[Recover a Social Care Form](#)

[Recover an Early Help Form](#)

[Recover an Early Help Form](#)

[Recover a Social Care Form](#)

Recently Submitted Forms (last 90 days)

Form Name	Submitted Date	Status
Parent Caretaker	07/15/2023	Submitted
Portal EHC	07/15/2023	Submitted

[View Submitted Forms](#)

Recently Submitted Forms (last 90 days)

Form Name	Submitted Date	Status
Parent Caretaker	07/15/2023	Submitted
Portal EHC	07/15/2023	Submitted

Annual Review

2019-2020

11

2019-2020

12

2019-2020

13

2019-2020

2019-2020

2019-2020

14

2019-2020

2019-2020

2019-2020

2019-2020

15

2019-2020

2019-2020

2019-2020

Person's Details

asa *

Your relationship to person *

First name *

Last name *

Send

01/06/2014


Is date of birth estimated

Gender * Female



Individual or type ad extensions (the following file types)

- Word Documents
- PDF Files
- Images (.jpg, .png, .jpeg, .png format)

 Upload Document

Submit to Local Authority

x

Have you entered all the information you need to?

You will not be able to make any further changes once you press the "Submit" button

Thank You

[Recover a Social Care Form](#)

[Recover an Early Help Form](#)

[Recover an Early Help Form](#)

[Recover a Social Care Form](#)

From: Worcestershire Children First <donotreply@liquidlogic.co.uk>
Sent: Thursday, April 6, 2023 2:57:10 PM
To:
Subject: New Documents

New Documents

11 Apr 2023 A new document has been sent to you and is due for completion by 11 Apr 2023. Please log in to the [Worcestershire Children First Portal](#) to complete this.

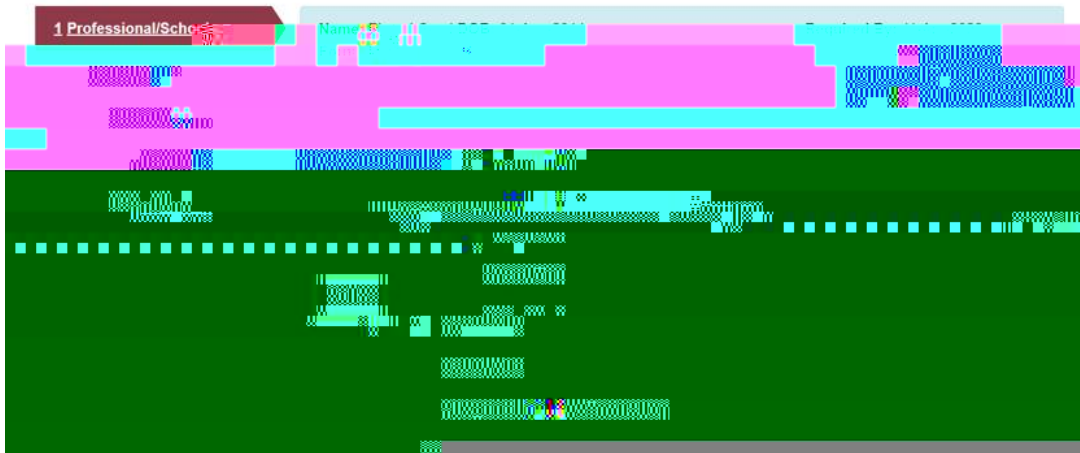
Many Thanks

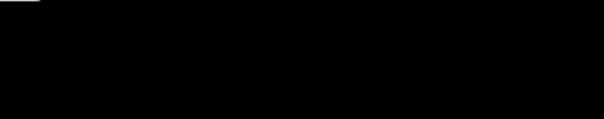
ation Portal

Delega

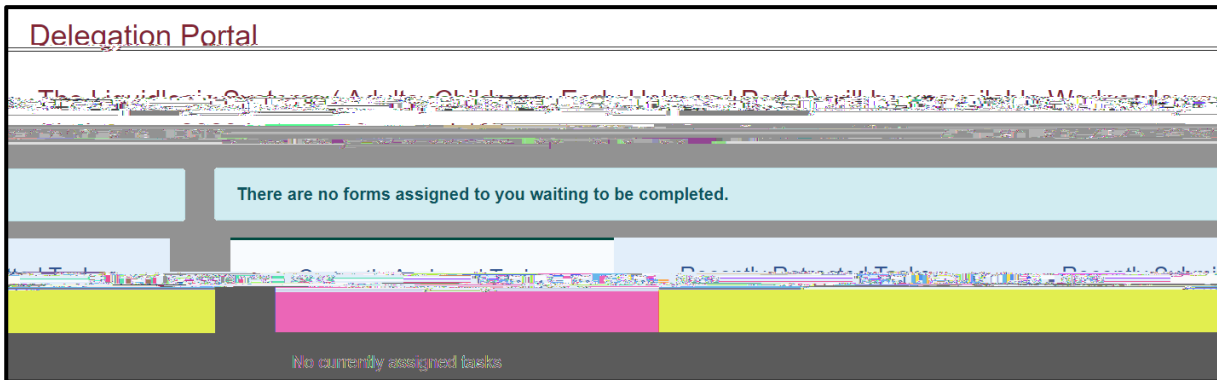
iquidlogic Systems (Adults, Children, Early Help and Portal) will be unavailable Wednesday, 5th January 2023 between 6pm and 10pm. 4th Jan

Task





The form has now been returned to the SEND team and has now been removed from the delegation portal. The submitted form will be available for 30 days in the Recently Submitted Tasks section of the EHM portal



Log out of the delegation portal by clicking on the Logout button in the top right-hand corner of the screen.

