

# **SEND** Portal

User Guide – Sensory Support Team

Updated November 2020

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## 1 SEND Portal User-Guide (Sensory Support Team)

### 1.1 Registering on the SEND Portal

eturr		e.lea.coventry.sch.uk/ProfessionalPortal_LIVE/Account/Login fessionalPortal_LIVE%2F
	7 <b>*</b>	Professional Portal
Covent ☆ Ho	ry City Council me	🛓 Login 🛛 🕼 Register
regis Ema Pass Q Lo		Welcome to the Covering SEND Portion This site is for schools and settings to request an Education, Health and Care (EHC) assessment and professionals to submit advice for an EHC assessment. All users can create their own account by clicking register.
1.1.2 (	Complete th	e Security Details & click Next
Securit	V Details About you V Email Addres Confirm Ema Passwor Confirm Passwor Secret Questio Secret Answe	aaron.aardvaark@coventry.gov.uk       aq.       qq.       awaron.aardvaark@coventry.gov.uk       aq.       aq.       awaron.aardvaark@coventry.gov.uk       aq.       awaron.aardvaark@coventry.gov.uk       aq.       awaron.aardvaark@coventry.gov.uk       awaron.a
Registratio	n	e About You details & click Next
for this purpose. Yes	About you Work	e your work place contact details to create your account.
	Title *	& Mr v
	Forename *	Aaron
	Surname •	Aardvaark
	Gender •	Male ~

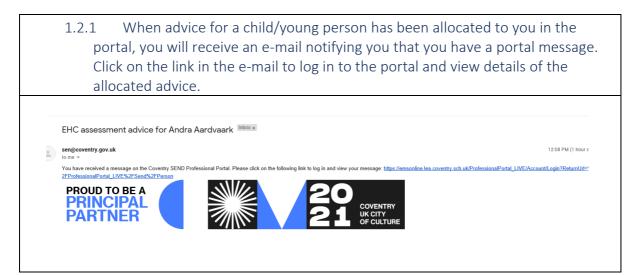


1.1.4 Complete you	ur Work Details & click Submit registration
for this purpose. You will need to ensure you	sary information required for registration process. Please hover the mouse over each field to see what information you will need to enter use your work place contact details to create your account.
Professional Role *	SENCo
Organisation Name *	Served     Served
	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	
	C Use Another Address
House Number	<i>*</i>
House Name	Coventry City Council
Building Name	A Lord Mayor's Office, Council House
Street Name	W Earl Street
District / Village	*
Town	W COVENTRY
County	₩ West Midlands
Postcode *	e CV1 SRR
Country	Please select *
Please supply a telephone number where yo	u can be contacted during normal office hours, if necessary.
Mobile Number	0
Work Phone	<b>v</b>
If you would like to add another Professional	Role to your account, please navigate to "My Account" once you have completed your registration.
	Previous
	1 TEPHNAR
	Submit Registration
	be sent an e-mail to verify your e-mail address, click on the
link in the e-mail a	and return to the log-on screen to enter your user credentials
Professional Portal ac	tivation Inbox ×
sen@coventry.gov.uk to me ≁	
Dear new portal user,	
Thank you for registering with the Co	wentry SEND Portal.
	u to confirm your email address is valid. To do this, please click on the link below.
https://emsonline.lea.coventry.sch.ul	/ProfessionalPortal_LIVE/Account.Mvc/CompleteRegistration/68613855577e5-e158-4b31-8468-def9f4285be2
Please note: if you are unable to clic	k 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.
-	ial Educational Needs and Disabilities and you will be taken to a Step Verification Now – click this link.
<b>★</b> SEND	Enable Two Step Verification now



1.1.7 Select e-ma	il as the preferred method of Two Step Verification, click Save
My Account	Two Step Verification
Personal Details	We require all SEND portal users to enable two step verification.
Work Details	Two Step Verification is our way to make your data more secure.
Change Email Address	Please select e-mail in the drop down box below to receive a verification code via e-mail to complete log- in.
Change Password	The e-mail address used will be the e-mail you provided when you created your account.
Change Secret Question	Preferred method
Change of Circumstances	Demail V
Two Step Verification	Save
	n be returned to the log-on screen to log in and begin using the gging-in, you will receive a verification code via e-mail to g in process.
Your Coven	try SEND portal verification Code Intex ×
sen@coventry.gov to me 👻	zuk
Your verification coo	le for the Coventry SEND portal is 497266 This verification code will be valid for 5 minutes.

#### 1.2 Completing an Advice form





1.2.2 Once logged in, click <i>Messages</i> to view your new portal messages	
1 Messages	
1.2.3 Open up the message and click on the link in the message to start completing the advice form	
Messages	
G Back	
EHC assessment advice request 01/12/2020 18:22	
Dear Aaron Following the recent EHC panel meeting, we would be very grateful if you could please prepare advice to contribute towards an EHC assessment for Andra Aardvaark. To complete the advice form, please click on the link below: Education Health and Care NeedS Assessment Sensory Support Advice form To ensure we fulfit statutory deadlines for completion of advice for an EHC assessment, please ensure this form is submitted before 12/01/2021. If you have any questions at all in relation to this form or how to use the portal, please refer to the user-guides at the link at the bottom of the screen or contact sen@coventry.gov.uk. Thank you in anticipation of your help, we look forward to receiving your completed advice form in due course. With best wishes, Coventry STAR team	



1.2.4	1 Sele	ct your work profile
		Work Details
		Please select the Professional Role you would like to complete this form as that you have not yet added to your Professional Portal account, then pleas Professional Role. If your Organisation Name, Work Address, or contact de My Account then select Work Details to update these details.
		Project Manager
		Organisation Name Coventry City Council
		Address 1 Friargate, Coventry, CV1 2GN
		Work Phone
		Mobile Number
		Select
1.2.5		plete the various pages of the form, denoted by the different headings p clicking <i>Save and Continue</i> to save and move on to the next page.
		✓ Step 1     ✓ Step 2     Completed form     Step 3     Step 4     Summary
Ple	ease unload a com	pleted Education, Health and Care Assessment Sensory Support advice form
	<ul> <li>Please ensure the The maximum fill</li> <li>By uploading this images of people</li> </ul>	hat your files have the correct extensions, these should be .doc, .docx, .pdf, .png, .jpg, .jpg, .bmp e size allowed is 10MB s file, you are confirming that it is free from viruses or other malware and contains no inappropriate material. If the file contains e, please ensure you have their consent for the image to be shared e ach file by selecting the upload button for the file to be added to the form
		Choose file No file chosen Upload Delete
	File Name: File Type: File Size:	
		Save & Continue

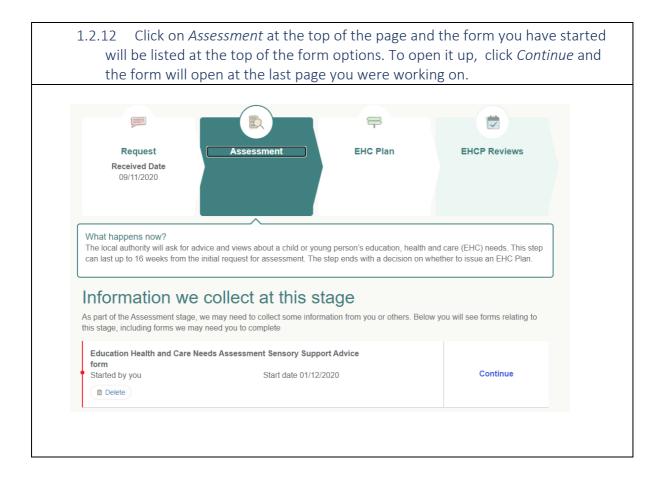


1.2.6 If it is the case that you will no longer be completing the advice on behalf of the team and the advice request needs to be re-allocated to another member of the team, please complete Step 3 of the form only.
Step 1 Work Details     Step 2 Completed form     Step 3 Re-allocate advice     Step 4 Summary
If the advice request needs to be re-allocated to another team member, please complete this page, click Save & Continue and submit the form.
Is it the case that you will no longer be completing this advice? Yes
Who should we re-allocate the advice to? (Please include first name and surname)           William Wallaby
<ul> <li>1.2.7 Once a page has been completed, it's header tab will turn green (see 'Step 1 &amp; 2' in the image above) and you can navigate back to that page by clicking on the green header.</li> </ul>
1.2.8 At any time, you can move backwards through the from by clicking <i>Back</i> .
Back
1.2.9 To exit the form and return to it later, click SEND Home
Coventry City Council       Professional Portal



1.2.10 Т to you	u on the portal.			
oventry City Council			Professional Po	rtal
Home 🔺 SEND Ho	ome		🛔 My Account 🖞 Sign	Out
120				A A
Select Person				
		nal Needs and Disabilifies actions for children and you		
	people will appear here if you I Needs and Disabilities informa	have previously added them to your account or if the I tion about them.	Local Authority has authenticated you to see	
Name 🗢	Date of Birth \$	Address 🗢	School 🗢	
Back 1.2.11 T	orrozvzoos	22 Rafferty Adams Way, Coventry, CV6 6JG form, click on the child's r	caludon Castle School	child's ba
1.2.11 T	o return to the			child's ba
1.2.11 T	o return to the nal information Edit Person	form, click on the child's r		child's ba
1.2.11 T	o return to the nal information Edit Person Please confirm the details below	form, click on the child's r n and click <i>Continue</i>		child's ba
1.2.11 T	o return to the nal information Edit Person	form, click on the child's r n and click <i>Continue</i>		child's ba
1.2.11 T	To return to the nal information Edit Person Please confirm the delails below Forename	form, click on the child's r n and click <i>Continue</i>		child's ba
1.2.11 T	To return to the nal information Edit Person Please confirm the details below Forename Middle Nam	form, click on the child's r n and click <i>Continue</i>		child's ba
1.2.11 T	To return to the nal information Edit Person Please confirm the details below Forename Middle Nam Surname	form, click on the child's r n and click <i>Continue</i>		child's ba
1.2.11 T	To return to the nal information Edit Person Please confirm the details below Forename Middle Nam Surname Ger de Date of Birth Current Scho	form, click on the child's r n and click Continue w before proceeding. Fields marked with * are mandatory.		child's ba
1.2.11 T	To return to the nal information Edit Person Please confirm the details below Forename Middle Nam Surname Gende Date of Birth Current Scho Ethnich	form, click on the child's r n and click Continue weeker proceeding. Fields marked with * are mandatory.		child's ba
1.2.11 T	To return to the nal information Edit Person Please confirm the details below Forename Middle Nam Surname Ger de Date of Birth Current Scho	form, click on the child's r n and click Continue webfore proceeding. Fields marked with * are mandatory.		child's ba
1.2.11 T	To return to the nal information Edit Person Please confirm the details below Forename Middle Nam Surname Gende Date of Birth Current Scho Ethnichty First Language	form, click on the child's r n and click Continue		child's ba
1.2.11 T	To return to the nal information Edit Person Please confirm the details below Forename Middle Nam Surname Gende Date of Birth Current Scho Ethnichy First Language House Numb	form, click on the child's r n and click Continue webfore proceeding. Fields marked with * are mandatory.		child's ba
1.2.11 T	To return to the nal information Edit Person Please confirm the details below Forename Middle Nam Surname Gendle Date of Birth Current Scho Ethnich First Language House Namb	form, click on the child's r n and click Continue webfore proceeding. Fields marked with * are mandatory.		child's ba
1.2.11 T	To return to the nal information Edit Person Please confirm the details below Please confirm the details below Billed Nam Surnam Gende Date of Birth Current Scho Ethnich First Language House Nam Building Nam Street Nam District / Villag	form, click on the child's r n and click Continue		child's ba
1.2.11 T	To return to the nal information Edit Person Please confirm the details below Brorename Middle Nam Surname Gende Date of Birth Current Scho Ethnich First Language House Nam Building Nam Street Nam District / Villag	form, click on the child's r n and click Continue webfore proceeding. Fields marked with * are mandatory.		child's ba
1.2.11 T	To return to the nal information Edit Person Please confirm the details below Please confirm the details below Billed Nam Surnam Gende Date of Birth Current Scho Ethnich First Language House Nam Building Nam Street Nam District / Villag	form, click on the child's r n and click Continue		child's ba
1.2.11 T	To return to the nal information Edit Person Please confirm the details below Brorename Middle Nam Surname Gende Date of Birth Current Scho Ethnich First Language House Nam Building Nam Street Nam District / Villag Tow	form, click on the child's r n and click Continue webfore proceeding. Fields marked with * are mandatory.		child's ba
1.2.11 T	To return to the nal information Edit Person Please confirm the details below Forename Middle Nan Surname Gende Date of Birff Current Scho Ethnich First Language House Nam Building Nam Street Nam District / Villag Tow Coan	form, click on the child's r n and click Continue webfore proceeding. Fields marked with * are mandatory.		child's ba







### 1.3 Submitting the form

1.3.1 Once cor	mplete, the form will generate a summary page.
Summary	
The information you have entered provided before continuing.	d as part of this Special Educational Needs & Disabilities form is displayed below. Please review the information
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
education, health and care asses the request. I also confirm they h education establishment's privac	: I confirm that the child/young person and their parents/guardians (if under 13) are aware this request for an ssment is being submitted that it will be used and shared in accordance with statutory processes to assess and fulfil have had access to Coventry City Council's SEND Statutory Assessment and Review Service Privacy Notice and the ware the service of th
bottom of the web page.	rcil'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	-
bottom of the web page. ✓ I agree The information that you have pr Disabilities Code of Practice. It is important that the child or you	ncil's SEND Statutory Assessment and Review Service Privacy Notice can be found at the Privacy Notice tab at the
<ul> <li>bottom of the web page.</li> <li>I agree</li> <li>The information that you have pr Disabilities Code of Practice.</li> <li>It is important that the child or yo them. It will also be shared with o Before submitting this informatio</li> </ul>	ncil's SEND Statutory Assessment and Review Service Privacy Notice can be found at the Privacy Notice tab at the rovided on this form will be used in accordance with processes outlined in the current Special Educational Needs & bung person and their parent or carer are able to see the information you are providing and for it to be shared with
<ul> <li>✓ I agree</li> <li>The information that you have pr Disabilities Code of Practice.</li> <li>It is important that the child or yo them. It will also be shared with of Before submitting this informatio or young person and their parent I agree that the information I am</li> </ul>	ncil's SEND Statutory Assessment and Review Service Privacy Notice can be found at the Privacy Notice tab at the rovided on this form will be used in accordance with processes outlined in the current Special Educational Needs & pung person and their parent or carer are able to see the information you are providing and for it to be shared with other professionals working with the child or young person.
<ul> <li>✓ I agree</li> <li>The information that you have pr Disabilities Code of Practice.</li> <li>It is important that the child or yo them. It will also be shared with of Before submitting this informatio or young person and their parent I agree that the information I am</li> </ul>	ncil's SEND Statutory Assessment and Review Service Privacy Notice can be found at the Privacy Notice tab at the rovided on this form will be used in accordance with processes outlined in the current Special Educational Needs & pung person and their parent or carer are able to see the information you are providing and for it to be shared with other professionals working with the child or young person. In, you must agree that the information provided can be shared with other professionals, the local authority, the child t or carer. If you do not agree to this, you will not be able to send it using this online form. Isubmitting can be shared with other professionals, the local authority, the child or young person and their parent or

