## **ONLINE FORMS: S23**

- 1. Open Section 23 Notification of a child under compulsory school age following the link -
- 2. Read the information on the front introduction page then click next
- 3. This is where all the information will be submitted, there are 2 tick boxes that first appear, both of them must be agreed to progress

Please use this form to notify Essex County Council if a child has, or is likely to have Special Educational Needs (Section 23)
NOTIFICATION OF A CHILD UNDER COMPULSORY SCHOOL AGE
I have advised the parents of the child referred to below that he/she has, or is likely to have special educational needs. According to Section 23 of the Children and Families Act 2014
A child or young person has special educational needs if he or she has a learning difficulty or disability which calls for special
educational provision to be made for him or her.
Please confirm a discussion between the practitioner making the S23 notification and the parent or carer has taken place, including the reasons for the S23 notification and why consent is not required.
Yes, parent or carer is aware of the S23 duty to notify the Local Authority (LA)
< Previous X Cancel

- 4. Once both boxes ticked, the rest of the boxes will appear below
- 5. Note that any question with a red star is compulsory
- 6. Start with the child's detail, including their name, date of birth, address and NHS Number -
- 7. use the postcode search and then select the correct address or enter the address manually

	I
Vhat is the child's date of birth. *	
DD MM Year	
ddress of child	
Postcode search *	
Enter address manually	

8. Next there will be questions relating to the child parent/guardian, please fill these out including their name, relationship to child, address and contact details

Name of primary parent or guar	dian *		
What is the parent or carers rela	tionship to the child *		
Select	~	,	
Does the parent or carer have po	rental responsibility? *		
Yes			
No No			
Address of parent or carer			
Postcode search *			]
Enter address manually			
Telephone number of primary po	rent or guardian *		
Email of primary parent or guar	dian		

- 9. Below the primary parent/guardian details are questions regarding the secondary parent, please enter their name and contact details if they are known
- 10. The next questions asks if the child attends an early years setting. It is important that you supply the name of any setting the child is attending as Essex County Council have a responsibility to ensure that children with additional needs have access to an early years education, if desired.
  - a. If NO, please move on to the child's area of need question
  - b. **If YES**, please provide the name of the setting and enter the setting's postcode to find the address, if it is known

Is the child currently attending a registered early years setting or school? *	
by this we mean; Day Nursery, Preschool, Childminder or School	
Yes	V
No	
Please provide the name of the early years setting that the child is currently attending? *	_
Please provide the address of the early years setting that child is currently attending.	
Postcode search	_
Enter address manually	_

11. Select the most significant area of need and provide the diagnosis or medical condition, if know.

a. If 'Communication & Interaction' is selected or 'Sensory /Physical / Medical' please also then choose one of the other options from the list that appears

~
own?
-

- 12. You will then be asked to provide some evidence, you must provide as least one of:
- A summary of presenting need
- A relevant report with details of the reason for the notification

You may select both options.

You must supply at least one of the following: *	
an upload of a relevant report with details of the reason for the notification to education	~
write a summary of the presenting need	
Please upload relevant reports and details of the reason for the notification to education $^*$	
Drop files here to upload -	
Uploaded: 0 of 5	
Provide a summary of the presenting need. •	
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13. The last section is questions relating to the person who has initiated the S23 and the person submitting the form, if this differs. You must ensure that it is the name of the doctor/health visitor/health professional who has assessed the child that is provided as the qualified health professional in the first question below.

full name of the	uaimea nearm professional who has initiatea this 523 *	
Qualified healtl	vrofessional's job title or role *	]
Select	~	
The organisatio	that this health professional is part of *	
Contact email *		
Confirm email		
Contact telepho	number *	
Name of persor	ompleting this form, if different from above	
Role of person of	npleting form	
Additional Com	ents	

- 14. There is also a box to provide additional comments if you wish to do so
- 15. Once the form is completed, please click the submit button. This will take you to a summary page and you can download the PDF if you wish. An email with a copy of your submission and any attached documents will be emailed to the email address provided for the qualified health professional who has initiated the S23.
- 16. If you create an account, the completed forms will be found in the My Submitted Requests tab at the top of the page and will appear as below:

	Case ID	Process	Date Submitted	Case End Date	Case Status	Current Stage
۲	FS-Case- 608610850	Section 23 Notification of a child under compulsory	24/04/2024 09:58:37	24/04/2024 09:58:47	Closed	Case Closed
		school age				