



PARENT/CARER QUESTIONNAIRE

Name:

Name of child:

Class name.....

Date of completing form

Please tick (✓)

Yes Partly No

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. The school has a clear understanding of my child's needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The school keeps me informed about my child's progress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I know what my child is currently learning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Teachers give me advice and tasks to help my child at home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Teachers give me advice and tasks to help my child at home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Teachers listen to my concerns | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I am pleased with the progress my child is making | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 7. My child is happy at school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. My child has friends at school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I know the staff who support my child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I know how support staff help | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. I am happy with the help my child receives | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. I am involved in the decision making of my child's support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I receive a copy of my child's profile/IEP/Provision Map | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. All the support is explained to me and I know how to access advice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. I am involved in reviewing my children's needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Overall, what the school does for my child is:

- | | |
|-----------|--------------------------|
| Excellent | <input type="checkbox"/> |
| Very Good | <input type="checkbox"/> |
| Good | <input type="checkbox"/> |
| Poor | <input type="checkbox"/> |

What is working well...

Even better if...

.....

For office use only.

Date handed into office _____

Response to questionnaire by
SENDCo _____
