

Survey for Parents & Carers of Children with Special Educational Needs or Disabilities (SEND)

Do you have a child or young person in education (including early years, pre-school, nursery or childcare) who has special educational needs and or a disability?

If so, please tell us what you think about how they are being supported by their school/ education setting, what's working well and where you think improvements can be made. The survey should take around 5-10 minutes to complete.

Your feedback will help us to improve how children and young people are supported.

The survey is **anonymous** but we will be sharing the information with your child's school / educational setting, the Inclusion Taskforce (which includes a group of lead SEN head teachers, SENCOs, the local authority, Learn Sheffield and a Sheffield Parent Carer Forum representative) and health and care services.

If you have more than one child with SEND, please complete the survey for each child.

1. What is the name of your child's school or educational setting?

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2. Is this a...

Pre-school / Nursery/ Childminder	<input type="checkbox"/>
Infant School	<input type="checkbox"/>
Junior School	<input type="checkbox"/>
Primary School	<input type="checkbox"/>
Secondary School	<input type="checkbox"/>
Post-16 setting	<input type="checkbox"/>

3. Does your child have...

EHC Plan	<input type="checkbox"/>
MyPlan	<input type="checkbox"/>
Support Plan	<input type="checkbox"/>
None of these	<input type="checkbox"/>
I don't know	<input type="checkbox"/>

4. Is your child's main need related to...

How they communicate	<input type="checkbox"/>
Their ability to learn	<input type="checkbox"/>
Their behaviours and emotions	<input type="checkbox"/>
A physical/ medical need	<input type="checkbox"/>

5. Is your child happy at school...

Most of the time	<input type="checkbox"/>
Some of the time	<input type="checkbox"/>
Rarely	<input type="checkbox"/>
Never	<input type="checkbox"/>

Identifying Needs

6. Who first identified that your child had some additional needs?

You	<input type="checkbox"/>
School/ education setting (including pre-school and nursery)	<input type="checkbox"/>
Health services	<input type="checkbox"/>
Other	<input type="checkbox"/>

IF OTHER - Please tell us who identified your child's additional needs

7. How old was your child when their needs were first identified?

0-18 months	<input type="checkbox"/>	8	<input type="checkbox"/>
18 months - 3	<input type="checkbox"/>	9	<input type="checkbox"/>
3	<input type="checkbox"/>	10	<input type="checkbox"/>
4	<input type="checkbox"/>	11	<input type="checkbox"/>
5	<input type="checkbox"/>	12	<input type="checkbox"/>
6	<input type="checkbox"/>	12+	<input type="checkbox"/>
7	<input type="checkbox"/>		

8. When your child's needs were identified, were there any people / services that were particularly helpful?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

IF YES - Which service(s) were they from and what did they do that was particularly helpful?

Identifying Needs

9. When your child's needs were identified, were there any people / services that were unhelpful or require improvement?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

IF YES - Who were they and / or which service(s) were they from?

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10. Was there anyone / a service who you thought should have been involved but wasn't?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

IF YES - Who did you think should have been involved?

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11. How easy did you find it to get help when your child's needs were identified?

Very easy	<input type="checkbox"/>
Quite easy	<input type="checkbox"/>
Not easy	<input type="checkbox"/>

Meeting Needs in School

12. How welcoming and supportive do you think your child's school / setting is for children with additional needs generally?

Very	<input type="checkbox"/>
Quite	<input type="checkbox"/>
Not very	<input type="checkbox"/>

13. How well do you think your child's school / educational setting is meeting their needs?

Very well	<input type="checkbox"/>
Quite well	<input type="checkbox"/>
Not very well	<input type="checkbox"/>

14. How would you rate these aspects of communication between your child's school and your family?

	Excellent	Good	OK	Not very good	Poor
Quality of information	<input type="checkbox"/>				
How well you are listened to	<input type="checkbox"/>				
How approachable school staff are	<input type="checkbox"/>				

15. Do you feel your child's needs and the support they receive are regularly reviewed with changes made as needed?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

16. How well do you think your child and you as a family have been supported to move through the different stages of education?

	Very well	Quite well	Not very well	Not applicable
Nursery/ childcare/ pre-school to primary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary school to secondary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary school to post-16 education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you would like to comment on any other transition points, e.g. infant to junior school, please use the box below.

Meeting Needs in School

17. Is there anything in particular that your school or setting has done which has made a positive difference to your child and / or you?

Any other comments

18. Is there anything else you would like to tell us about how your child's needs are being supported in their school or educational setting?

19. Is there anything else you would like to tell us about the support you and your child receives outside of school / education?

Thank you very much for taking the time to complete this survey