



June 2020

Dear Parent/Carer

In accordance with County Council guidelines we have attached a questionnaire regarding children's disabilities. The purpose of this questionnaire is not to label or disadvantage your child in any way but to help the school identify and respond to all the needs of your child.

We will treat what you have told us sensitively and none of the information that you have given will be shared with any other parent or pupil.

Would you please complete the attached form and return it to school as soon as possible. Explanatory notes are included; however, if you require any further information please do not hesitate to contact the school office.

Yours faithfully

A handwritten signature in purple ink that reads 'Alison Harvey'.

Alison Harvey  
Headteacher

# Parent/Carer Questionnaire (Explanatory Notes)

## Introduction

These notes and the associated parent questionnaire are intended to help schools identify and respond to the needs of their disabled pupils.

The Disability Discrimination Act 2005 (DDA) has now been incorporated into the Single Equality Act (2010) and together they require schools to:

- Promote equality of opportunity
- Promote positive attitudes towards disabled people
- Assess and monitor the impact of their activities on disabled people
- Make reasonable adjustments to ensure disabled children are not disadvantaged
- Improve outcomes for disabled people

Schools in England are currently required to collect data on children with Special Educational Need (SEN) but this does not capture information about all disabled children and to date there has been no consistent way of identifying and categorising disabilities. Collecting this information should help policy and practice to respond to the needs of disabled children and their families in line with the Disability Equality Duty (DED) and Single Equality Schemes.

Disability is not the same as special educational needs (SEN). Almost half the children with a SEN do not meet the DDA definition of disability. Children with SEN experience difficulties in learning in school but may not have an impairment that impacts substantially on their daily life. Similarly, a significant proportion of disabled children do not have special educational needs, including those with health and mental health needs.

It is not always easy to know whether a child is disabled. Difficulties can vary over time and may depend in part on the specific environment or activities undertaken. The subjective experience of a disability can only be fully understood by asking parents and children themselves. This questionnaire was produced to help schools consult with parents, providing a useful starting point for follow up conversations with parents who indicate that their child is disabled.

## Making Schools Better Places for Learning

We are committed to making sure that school is a happy and successful experience for all of our children and young people. Where a child has a particular difficulty or need we will do our best to put measures in place to overcome this. It would, therefore, be helpful if you could complete this questionnaire – **whether or not your child has any difficulties**. Please complete one form for each of your children at this school.

We will treat what you have told us in this document sensitively and none of this information will be shared with other parents or pupils.

Child's First Name: .....

Child's Surname/Family Name: .....

Date of Birth (dd/mm/yy): ..... Gender:  Boy  Girl

<p><b>Please indicate whether your child has any long-standing illnesses, health problems or disabilities which mean that they have substantial difficulties with any of the areas of his/her life shown below? Please select all that apply.</b></p> <p>By long-standing we mean anything that has troubled them over a period of at least 12 months or that is likely to affect them over at least 12 months. Please exclude difficulties that you would normally expect for a child of that age.</p>	
Mobility – moving around indoors or outdoors	<input type="checkbox"/>
Hand movements – touching or holding	<input type="checkbox"/>
Personal care – going to the toilet, dressing	<input type="checkbox"/>
Eating and drinking without help	<input type="checkbox"/>
Incontinence – wetting or dirtying	<input type="checkbox"/>
Taking medication	<input type="checkbox"/>
Communication – speaking with others or understanding them	<input type="checkbox"/>
Learning – numbers, letters, words	<input type="checkbox"/>
Hearing	<input type="checkbox"/>
Vision	<input type="checkbox"/>
Behaviour – very active, has a short attention span, behaves unacceptably	<input type="checkbox"/>
Has fits or seizures	<input type="checkbox"/>
Diagnosed with autism or Asperger Syndrome	<input type="checkbox"/>
Has a life-limiting condition or requires palliative care	<input type="checkbox"/>
Can be depressed or anxious or has an eating disorder	<input type="checkbox"/>
Other (please describe other areas of great difficulty)	

<p><b>Does your child take any medication, use any physical aids or require any special diet or supplements?</b></p>	<p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p>
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If your child did not take this medication, use this physical aid, have a special diet or supplements would he/she have substantial difficulties with any of the areas of life listed above?	Yes No	<input type="checkbox"/> <input type="checkbox"/>
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Has your child seen a professional, for example a paediatrician, psychologist or speech and language therapist because of the difficulty?	Yes No	<input type="checkbox"/> <input type="checkbox"/>
If yes, please provide further details:		

If you have indicated above that your child has difficulties, do these affect his or her:	Yes	Sometimes	No	Don't know
Classroom learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with his or her classmates/peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joining in other school activities eg breaks, social and leisure activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day to day life outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What sort of help or special equipment do you think your child needs to that they get on well at school?

We would be pleased to meet with you to talk about your child's need. Please tick if you would like us to arrange this.

**What happens to the information that you give us?**

We really appreciate your help with this questionnaire. The information will be used by the school to improve the way that information on pupils' difficulties and disabilities is collected and used in school to promote the wellbeing of children. No information will be published that would identify your child. By returning this form you are agreeing that this information can be used in this way.

The information provided will be shared with those staff in the school who support your child unless you ask us not to below.

Is there any person in the school who you **would not** like to share this information with?

Name:  
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