Please help us find out about any physical or mental health condition, impairment or difficulty that may affect your child's learning. We have a legal duty to take steps to improve outcomes for disabled people. The Department for Children, Schools and Families have developed a number of questions to help schools to obtain relevant information from all parents. The information will be used by us to promote the wellbeing of disabled children and address any difficulties they face in all aspects of school life.

Please take the time to answer all questions and return the form whether or not your child has any difficulties.

A quick electronic version of this form is available at: www……

We will treat what you have told us here sensitively. None of the information will be shared with other parents or pupils. The back page of this questionnaire provides more information about who this information will be shared with.

If you need help to fill in this questionnaire please let us know.

Child's first name ……	Child's Surname / family name ……
Child's Other names…….	Date of Birth (dd/mm/yy) ../ .. / ..
Gender (please circle): Boy	Girl

1. Does your child have any difficulty that affects his or her:

	Yes	Sometimes	No	Don't know
a) Classroom learning?	☐	☐	☐	☐
b) Interaction with his or her classmates / peers?	☐	☐	☐	☐
c) Joining in other school activities e.g. lunchtimes, breaks, social and leisure activities in school ?	☐	☐	☐	☐

2. Does your child have any difficulty that affects his or her:

	Yes	Sometimes	No
a) Daily activities such as eating, dressing, communicating, moving around, going to the toilet?	☐	☐	☐
b) Taking a full part in activities at home?	☐	☐	☐
c) Taking part in activities outside the home?	☐	☐	☐

3. Has your child had an accident or trauma in the last 5 years that has seriously limited their activities either at home or school?

☐ Yes ☐ No

If yes please describe:

4i). Does your child have a physical or mental health condition, impairment or difficulty such as: anxiety or depression, arthritis, asthma, autism, cancer, diabetes, epilepsy, hearing or visual impairment, ME, MS, mental health difficulty, mobility problems, learning difficulty, physical difficulties or a severe disfigurement?

☐ Yes ☐ No ☐ Unsure

If you answered yes:

4.ii) Has the physical or mental health condition, impairment or difficulty gone on for a year or more (or is it likely to)?

☐ Yes ☐ No ☐ Unsure

If you have answered Yes to any of the questions 1 to 4 please go to question 5 below. If not please go to question 10 on the last page.

5. Has your child seen a professional (e.g. paediatrician, psychologist) because of the physical or mental health condition, impairment or difficulty?

☐ Yes ☐ No

If yes **please circle** who you have seen:
educational psychologist / doctor / counsellor / paediatrician / therapist

other (please specify):

What was the condition identified / diagnosed ?

6. Overall, how does the physical or mental health condition, impairment or difficulty affect your child in their daily life? (Please tick one only)

No difficulty. Medication/aids/equipment allow my child to take a full part in home, community and school activities	☐
Occasionally it interferes with everyday activities but only in a *minor* way- there is an impact but it is trivial or small	☐
There are particular times and situations when activities are regularly stopped or limited because of the difficulty	☐
It frequently effects a number of daily activities	☐
The impact is felt on almost all activities every day	☐

7. How is your child affected as a result of their physical or mental health condition, impairment or difficulty? Please tick any that apply to your child.

Mobility: getting around in or outside the home	☐
Hand function: holding and touching	☐
Personal care: has difficulty washing, going to the toilet, dressing	☐
Eating and drinking: has difficulty eating or drinking by themselves or sickness or lack of appetite	☐
Incontinence: has difficulty controlling the passage of urine and/or faeces	☐
Communication: speaking and/or understanding others	☐
Learning: has special educational needs	☐
Hearing	☐
Vision	☐
Behaviour: has a condition that leads to the child being hyperactive or having a short attention span or getting frustrated or behaving in a socially unacceptable manner	☐
Consciousness: has fits or seizures	☐
Diagnosed with Autism, Asperger Syndrome or Autistic Spectrum Disorder (ASD)	☐
Palliative care needs	☐
Mental health needs e.g. depression, anxiety	☐
Other (please write in any other area(s) that your child is affected)	

8. Does your child take any medication, use any physical aids or require any special diet or supplements for any physical or mental health condition, impairment or difficulty ? Please tick any that apply to your child.

Medication (including inhaler)	☐
Physical aids (including hearing and walking aids but NOT glasses)	☐
Special diet or supplement	☐
No medication, physical aids or diets	☐

9. Please describe the support that your child finds particularly helpful to enable them to take part in daily activities in school, at home or in the community e.g. access to therapy, computers, respite care, support from friends, skills training.

10. Would you like to talk about any of these issues with a member of school staff?

☐ Yes ☐ No

11. Would you be willing to talk about the experience of filling in this questionnaire with the researchers who designed it? If so please provide an email or telephone number

Email…… Telephone number ……/ ……

What Happens To The Information You Give Us?

We really appreciate your help with this questionnaire. The information will be used by the school and the project team who are working with us to improve the way that information on disability is collected and used in schools to promote the wellbeing of children. No information will be published that would identify your child. By returning this form you are agreeing that information can be used in this way. The covering letter shows the person in the school who will open the envelope and see this information. Information 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? Please name them below:

Please return the form to your school in the envelope provided by Friday 5th March 2010.

Many thanks for taking the time to fill in this form.