SEN (Special Educational Needs) and Disability Support

Parent / Carers Feedback

We want you to have your say about the services we provide.

Telling us what you think is important, it can help us make things better for everyone.

The information will be used in confidence and no names will be used.

|  |  |
| --- | --- |
| Your name: |  |
| Your childs name: |  |
| Date: |  |

Please circle **YES** or **NO** for each of the 6 questions:

|  |  |  |
| --- | --- | --- |
| 1. We have been listened to  | **Yes** | **No** |
| 2. We have been included  | **Yes** | **No** |
| 3. We have understood what is happening and have asked questions  | **Yes** | **No** |
| 4. We are happy with the staff working with my child | **Yes** | **No** |
| 5. The staff were helpful | **Yes** | **No** |
| 6. We are happy with the decisions made  | **Yes** | **No** |

7. Do you have an idea which would make the service better?

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|  |

**Thank you**

Please hand the form to your engagement lead