SEN (Special Educational Needs) and Disability Support

Young Person Feedback

This short survey is an opportunity for you to have your say about your recent experience of SEN and disability support services.

The feedback you provide will help us make sure that we are doing all that we can to meet your needs and help you to achieve your goals, and will help us make improvements to services we offer.

All information provided will be treated in the strictest confidence, and any information we may use in reports will be anonymised and any identifying information will not be used.

|  |  |
| --- | --- |
| Name: |  |
| Date: |  |

Please read the statements below and score 1-5 for each one (1=disagree to 5=fully agree)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. I have been listened to | **1** | **2** | **3** | **4** | **5** |
| 2. I have been involved in any decisions made | **1** | **2** | **3** | **4** | **5** |
| 3. I have understood what is happening, and have been able to ask questions when needed | **1** | **2** | **3** | **4** | **5** |
| 4. I have confidence and trust in the professional working with me | **1** | **2** | **3** | **4** | **5** |
| 5. I have been fully supported through the process by our engagement lead | **1** | **2** | **3** | **4** | **5** |
| 6. I am confident that the decisions made will achieve the outcomes I want | **1** | **2** | **3** | **4** | **5** |
|  |  |  |  |  |  |

7. Is there anything we could have done to help and support you better?

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**Thank you**

Please return the completed form to your engagement lead