

Dover College: A Better Place for Learning

Dover College is committed to making sure that school is a happy and successful experience for all 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. Please complete this questionnaire to help us ascertain whether or not your child has any difficulties. Please complete one form for each of your children.

We will treat what you have told us here sensitively. None of the information will be shared with other parents or pupils. If you need help to fill in this questionnaire, or would prefer to complete it with a member of staff, please let us know.

| Child's First Name: | | |
|------------------------------|------|----------|
| Child's Surname/Family Name: | | |
| Date of Birth (dd/mm/yy): | | |
| Gender: | Male | / Female |

1. Please indicate whether your child has any long-standing illnesses, health, learning problems or disabilities which mean that he/she has substantial difficulties with any of the areas of his/her life shown below. Please select all that apply.

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 expect for a child of that age.

| Mobility – moving around indoors or outdoors | Yes | / | No |
|---|-----|---|----|
| Hand movements – touching or holding | Yes | / | No |
| Personal care – going to the toilet, dressing | Yes | / | No |
| Eating and drinking without help | Yes | / | No |
| Incontinence – wetting or dirtying | Yes | / | No |
| Taking medication | Yes | / | No |
| Communication – speaking with others, or understanding them | Yes | / | No |
| Learning – numbers, letters, words | Yes | / | No |
| Hearing | Yes | / | No |
| Vision | Yes | / | No |
| Behaviour – very active, has a short attention span, behaves unacceptably | Yes | / | No |
| Has fits or seizures | Yes | / | No |
| Diagnosed with autism or Asperger Syndrome | Yes | / | No |
| Has a life-limiting condition or requires palliative care | Yes | / | No |
| Can be depressed, or anxious, or has an eating disorder | Yes | / | No |

| 2. | Does your child take any medication, use any physical aids or require any special diet or supplements? | Yes | / | No |
|--------|---|-----|---|----|
| 3. | If you child did not take this medication, use this physical aid or have a special diet or supplements, would he/she have substantial difficulties with any kind of the areas of life listed above? | Yes | / | No |
| 4. | Has your child seen a professional such as, a Paediatrician, Clinical Psychologist, Educational Psychologist, Occupational Therapist or Speech & Language Therapist, because of the difficulty? | Yes | / | No |
| If YES | to any of the above, please provide further details below: | | | |
| 5. | Does your child have a Statement of Special Educational Need or an Education Health Care Plan? | Yes | / | No |

| 6. If you have indicated that your child has difficulties, do these affect his or her: | Yes | No | Sometimes | Don't Know |
|--|-----|----|-----------|------------|
| Classroom learning? | | | | |
| Interaction with his or her classmates/peers? | | | | |
| Joining in other school activities, e.g. breaks, social and leisure activities? | | | | |
| Attendance at school? | | | | |
| Day to day life outside of school? | | | | |

7. What sort of help or special equipment do you think your child needs so he/she can get on well at school?

| 8. | We would be pleased to meet with you to talk about your child's need. Please indicate if | Yes | / | No |
|----|--|-----|---|----|
| | you would like us to arrange this. | | | |

What happens to the information 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 collated 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 information can be used in this way. Information will be shared with those staff in the school who support your child unless you ask us not to.

Name: _



Parent / Carer Questionnaire: Explanatory Notes

The Disability Discrimination Act, 2005 (DDA) is now incorporated into the single Equality Act (2010).

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.

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 the activities undertaken. The subjective experience of a disability can only be fully understood by asking parents and children themselves. This questionnaire is a starting point for a follow-up conversation with parents.

Benefits of the questionnaire

- Identifying students' difficulties that have not been brought to attention already
- Using information to liaise with other professionals about health problems
- Updating information
- Informing pastoral and SEN planning
- Contributing to the School Development and Accessibility Plans
- Informing of possible Continuing Professional Development events
- Reviewing provision, and in particular consideration of whether additional support or intervention is needed
- Reviewing accommodation
- Allowing better sharing of information about pupil need across the school
- Reviewing needs assessment for educational visits

Disability is **not the same** as special educational needs (SEN). Children with SEN experience difficulties in learning in school but may not have an impairment that impacts substantially on their daily life.

Confidentiality

Please note that confidential information may have to be shared with key members of staff.

In some cases, a request for confidentiality of information might affect the provision of a reasonable adjustment.