

Education, Health and Care Plans

Feedback questionnaire

Name of child/young person _____ Date of birth _____

1. Do you feel you and your child were fully involved in the process?



Yes fully involved

Comments



Partly involved



Not very involved



Not involved at all

2. Do you feel your views were considered?



Yes fully considered

Comments



Partly considered



Not considered much



Not considered at all

3. Did your EHCP co-ordinator help you to understand the process?



Helped a lot



Helped a bit



Did not help very much



Did not help at all

Comments

4. If you have had a transfer review, do you feel that the plan describes your child more fully than the statement did?



Yes much more fully



A bit more fully



Not much more fully



No more fully at all

Comments

5. Do you think your child's plan will help them achieve their outcomes?



Yes definitely



Maybe



Probably not



Will not help at all

Comments

6. Do you have any further comments?

If you are happy to be contacted about your experience please give your name and contact telephone number:

Name: _____ Telephone number: _____

Please put your completed questionnaire in the enclosed pre paid envelope (Ref:4224) to enable its return to SEN Team, Hamilton Building, Conway St, Birkenhead, CH41 4FD.