

## **Parent/Carer Survey**

We recommend you send this survey home to parents along with a letter on your school headed paper. Here is an example template, which you are free to use.

On school headed paper

Dear Parent/Carer

We are collecting information about communication in our school and would be grateful if you could fill in a short survey.

We are looking at how good our school is at:

- Communicating with you
- Helping children who have difficulties with speech, language and/or communication

We would like your feedback to see how we are doing and how we can improve.

Thank you for your time

Headteacher/SENCo





## **Parent/Carer Survey**

| Does your child/children have a recognised speech,   | (Please circle either yes/no/unsure) |    |        |
|--|--------------------------------------|----|--------|
| language and/or communication need?  By recognised we mean they are seen by a registered speech and language therapist for speech/language/communication difficulties, OR they have been identified by the school as having a difficulty with any aspect of speech/language/communication. | Yes                                  | No | Unsure |
| Are you aware of your child/children having extra help with speech, language or communication at school?   | Yes                                  | No | Unsure |
|  |                                      |    |        |

To what extent do you agree with the following statements? Please tick.

|  | Agree | Partially<br>agree | Disagree |
|--|-------|--------------------|----------|
| The ethos of the school is friendly and inclusive.                               |       |                    |          |
| Members of staff are welcoming at school.  |       |                    |          |
| All school letters/newsletters are clear and easy to understand.                 |       |                    |          |
| I feel staff would listen to my concerns and worries about my child's needs.     |       |                    |          |
| I feel that my child's teacher understands my child's strengths and needs.       |       |                    |          |
| I feel confident that teachers will discuss any concerns about my child with me. |       |                    |          |



If your child *does not* have Speech Language and Communication Needs, please mark these questions as 'not applicable'.

|   | Yes        | No        | Unsure      | Not applicable     |
|---|------------|-----------|-------------|--------------------|
| I understand what support my child receives in school.  |            |           |             |                    |
| I am involved in the review of my child's needs.  |            |           |             |                    |
| My child's school makes timely and appropriate decisions about how to help them.  |            |           |             |                    |
| My child is given a chance at school to say what kind of extra help or support he/she would like to have.                           |            |           |             |                    |
| I am happy with the level of support my child's school provides (please consider the school and not support from outside agencies). |            |           |             |                    |
| Please note any other comments you would like to feed   | d back.    |           |             |                    |
| Thank you for completing the survey. If you wish to add   | d your nam | ne and/or | contact det | ails, please do so |

## For completion by the audit organiser

|             | Yes (score 2 points) | No (score 0 points) | Unsure (score 1 points) |
|-------------|----------------------|---------------------|-------------------------|
|             |                      |                     |                         |
| Total score |                      |                     |                         |