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QUESTIONNAIRE ONE

Dear Parent/Carer,

We want to make sure that we are meeting parents/carers needs by providing them with appropriate and impartial information and support. Your views will help us with future service development. We would really appreciate it if you would take the time to complete this short questionnaire.

1. **Have you heard of SENDIASS before?** Yes / No

**If no, do not continue further. Please go to questionnaire 2.**

**If yes, how did you know/hear about this service?**

|  |  |  |  |
| --- | --- | --- | --- |
| School Staff |  | Speech Therapist |  |
|  |  |  |  |
| Social Worker |  | Educational Psychologist |  |
|  |  |  |  |
| LA Officer |  | Education Welfare Officer |  |
|  |  |  |  |
| Occupational therapist |  | CAMHS Staff |  |
|  |  |  |  |
| Advice/Guidance Officer |  | Friend/relative |  |
| Other (please state)….……………………………………………….……. | | | |

1. **When dealing with an information, advice and support service like SENDIASS, are you happy to be contacted in the following ways……**

Telephone Yes / No

Email Yes / No

Social media Yes / No

Leaflet event Yes / No

Face to faceYes / No

**If you answered ‘no’ to any of these, why would you not want to be contacted in this way?**

…………………………………………………………………………….………………………

1. **Did you use the SENDIASS service?** Yes / No

**If no, do not continue further. Please go to questionnaire 2.**

**If yes, how easy was it to get in touch with the service?**

…………………………………………………………………………………………………….

1. **Did the response time and process meet your expectations?**

……………………………………………………………………………………………………………………………………………………………………………………………………

1. **What difference did the information, advice and support make to you and your child’s situation?**

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1. **Did you feel that the advice and support provided was fair and unbiased?**

……………………………………………………………………………………………………………………………………………………………………………………………………

1. **What could be done differently to improve the overall information, advice and support you received?**

……………………………………………………………………………………………………………………………………………………………………………………………………

1. **What training/workshops would be beneficial to you and your situation?**

……………………………………………………………………………………………………………………………………………………………………………………………………

1. **If you are willing to share your name and contact details this would be really useful. However, if you would prefer to stay anonymous that’s fine.**

Name:

Postcode:

Telephone number:

Child’s age:

Thank you for your comments.

If you have any questions or would like to discuss anything further please contact us on [info@sendiassleicester.org.uk](mailto:info@sendiassleicester.org.uk) or 0116 257 5027