**Parent or Carer Short Questionnaire**

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| Name of child:  |  | DoB: |  |
| Name of school: |  |
| Completed with: |  | Role: |  |
| Date of completion: |  | Year Group: |  |

| **Relationships:** |
| --- |
| Who is your key person in school?  |  |
| Who are your trusted adults in school?  |  |

|  | **Not true** | **Somewhat true** | **Certainly true** |
| --- | --- | --- | --- |
| Does your child often complain of physical symptoms (such as headaches, stomach aches) before going to school? |  |  |  |
| Does your child get upset at the thought of going to school? |  |  |  |
| Is your child afraid of certain situations at school, such as speaking or interaction with people? |  |  |  |
| Does your child prefer to stay at home to spend time with you or another family member rather than going to school? |  |  |  |
| Does your child prefer to engage in activities they like at home instead of going to school? |  |  |  |
| Does your child feel bullied or left out at school? As though the other children at school are unkind or don’t like them? |  |  |  |

| **Information from exploring the parent or carer’s views:** |
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