**Parent or Carer Long 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? |  |

| 1. **Fear and Anxiety:** | **Not true** | **Somewhat true** | **Certainly true** |
| --- | --- | --- | --- |
| Does your child appear nervous about going to school? |  |  |  |
| Is your child afraid to go to school because something bad might happen? |  |  |  |
| Does your child seem scared to go to school because they might be alone? |  |  |  |
| Is your child apprehensive about meeting new people at school? |  |  |  |
| Does your child worry about being embarrassed at school? |  |  |  |
| Does your child worry about being called on in class? |  |  |  |
| Is your child scared of school because of bullies? |  |  |  |
| Does your child seem scared to speak in front of the class? |  |  |  |
| Is your child afraid of getting lost at school? |  |  |  |
| Does your child feel anxious when thinking about school during the holidays? |  |  |  |
| Does your child worry about being away from you at school? |  |  |  |
| Is your child scared of teachers at school? |  |  |  |
| Does your child worry about their school grades? |  |  |  |
| Is your child anxious about using the school toilets? |  |  |  |

| **Information from exploring the parent or carer’s views:** |
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| 1. **Avoidance and Comfort Seeking:** | **Not true** | **Somewhat true** | **Certainly true** |
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| Are there times when your child refuses to go to school? |  |  |  |
| Does your child seem more comfortable at home than at school? |  |  |  |
| Does your child feel uncomfortable going to school without a friend? |  |  |  |
| Does your child refuse to go to school to stay at home to do things they like? |  |  |  |
| Does your child avoid school to do things with their friends? |  |  |  |
| Does your child appear to have more fun at home than at school? |  |  |  |
| Does your child avoid school because they feel different from other students? |  |  |  |
| Does your child often say they don't want to go to school? |  |  |  |

| **Information from exploring the parent or carer’s views:** |
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| 1. **Physical Symptoms and Discomfort:** | **Not true** | **Somewhat true** | **Certainly true** |
| --- | --- | --- | --- |
| Does your child feel unwell when thinking about school? |  |  |  |
| Does your child often feel too tired to go to school? |  |  |  |
| Does your child often complain of headaches or stomach aches on school days? |  |  |  |
| Does your child have trouble sleeping because of worries about school? |  |  |  |

| **Information from exploring the parent or carer’s views:** |
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| 1. **Emotional Distress and Sadness:** | **Not true** | **Somewhat true** | **Certainly true** |
| --- | --- | --- | --- |
| Does your child seem sad about going to school? |  |  |  |
| Does your child seem to feel lonely at school? |  |  |  |
| Does your child get angry when they have to go to school? |  |  |  |
| Does your child seem unhappy at school? |  |  |  |
| Does your child often cry about going to school? |  |  |  |
| Does your child feel that nobody likes them at school? |  |  |  |

| **Information from exploring the parent or carer’s views:** |
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| 1. **Academic Concerns and Challenges:** | **Not true** | **Somewhat true** | **Certainly true** |
| --- | --- | --- | --- |
| Does your child have trouble concentrating? |  |  |  |
| Does your child feel schoolwork is too hard for them? |  |  |  |
| Does your child feel nervous about asking the teacher for help? |  |  |  |
| Is your child worried about making mistakes at school? |  |  |  |
| Does your child tell you they are often bored at school? |  |  |  |
| Does your child worry about making friends at school? Or keeping friends at school? |  |  |  |

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