**Child or Young Person Long Questionnaire**

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

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

| 1. **Fear and Anxiety:**
 | **Not true** | **Somewhat true** | **Certainly true** |
| --- | --- | --- | --- |
| Do you feel nervous at school?   |  |  |  |
| Are you afraid to go to school because something bad might happen? |  |  |  |
| Do you feel scared to go to school because you might be alone? |  |  |  |
| Are you afraid of meeting new people at school? |  |  |  |
| Do you worry about being embarrassed at school? |  |  |  |
| Do you worry about being called on in class? |  |  |  |
| Are you afraid of school because of bullies? |  |  |  |
| Do you feel scared to speak in front of the class? |  |  |  |
| Are you scared of getting lost at school? |  |  |  |
| Do you feel anxious when you think about school during holidays? |  |  |  |
| Are you worried about being away from your parents at school? |  |  |  |
| Do you feel scared of teachers at school? |  |  |  |
| Do you worry about your school grades? |  |  |  |
| Do you feel scared to use the school toilets? |  |  |  |

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

| **Information from exploring the child or young person’s views:** |
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| 1. **Physical Symptoms and Discomfort:**
 | **Not true** | **Somewhat true** | **Certainly true** |
| --- | --- | --- | --- |
| Do you feel sick when you think about school?  |  |  |  |
| Are there days when you feel too tired to go to school? |  |  |  |
| Do you often have headaches or stomach aches on school days? |  |  |  |
| Do you have trouble sleeping because of worries about school? |  |  |  |
| Do you feel restless or fidgety at school? |  |  |  |

| **Information from exploring the child or young person’s views:** |
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| 1. **Emotional Distress and Sadness:**
 | **Not true** | **Somewhat true** | **Certainly true** |
| --- | --- | --- | --- |
| Do you feel sad about going to school?  |  |  |  |
| Do you feel lonely at school? |  |  |  |
| Do you get angry when you have to go to school? |  |  |  |
| Do you feel unhappy at school? |  |  |  |
| Do you often cry about going to school? |  |  |  |
| Do you feel that nobody likes you at school? |  |  |  |

| **Information from exploring the child or young person’s views:** |
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| 1. **Academic Concerns and Challenges:**
 | **Not true** | **Somewhat true** | **Certainly true** |
| --- | --- | --- | --- |
| Do you have trouble concentrating at school?  |  |  |  |
| Do you feel schoolwork is too hard for you? |  |  |  |
| Do you feel nervous about asking the teacher for help? |  |  |  |
| Are you worried about making mistakes at school? |  |  |  |
| Do you often feel bored at school? |  |  |  |
| Do you worry about making friends at school? Or keeping friends at school? |  |  |  |

| **Information from exploring the child or young person’s views:** |
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