**Child or Young Person Long Questionnaire**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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? |  |
| 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:** |
| --- |
|  |

| 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:** |
| --- |
|  |

| 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:** |
| --- |
|  |

| 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:** |
| --- |
|  |

| 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:** |
| --- |
|  |