**Child or Young Person 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? |  |
| Who are your friends in school? |  |

|  | **Not true** | **Somewhat true** | **Certainly true** |
| --- | --- | --- | --- |
| Do you often feel ill or tense when it's time to go to school? |  |  |  |
| Do you feel upset or frightened when you think about going to school? |  |  |  |
| Do you get nervous about certain things at school, such as speaking, interacting with people, or being in the corridor? |  |  |  |
| Would you rather stay at home with your mum, dad, or another family member than go to school? |  |  |  |
| Would you rather play or do things you enjoy at home rather than be at school and playing with other children? |  |  |  |
| Do you feel as though the other kids at school are unkind to you or don't like you? |  |  |  |

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