**Early Years Inclusion Team**

Evaluation of The Early Years’ service to parents/ carers.

Please complete and return the evaluation form by

We really welcome and value your feedback as we are constantly striving to develop and improve our service with children and their families.

|  |  |  |
| --- | --- | --- |
| 1. Are you aware of the Local Authority Early Years Inclusion Team and how they can support you and your child?

|  |  |
| --- | --- |
| **Yes**  | No |

 |

|  |  |  |
| --- | --- | --- |
| 2. Do you feel that the Early Years Inclusion Team have been helpful in supporting your child’s needs? (please tick one of the below numbers) | **YES** | **NO** |
|  |  |
| **1 NOT HELPFUL** | **2** | **3** | **4** | **5 HELPFUL** |

|  |
| --- |
| 1. How did the Early Years team help you?

. |

|  |
| --- |
| 1. Who would you go to for advice and support regarding your child?
 |

|  |  |  |
| --- | --- | --- |
| 5. Do you feel that the Early Years Inclusion Team have been helpful in supporting you and your child during the Coronavirus pandemic? (please tick one of the below numbers) | **YES** | **NO** |
|  |  |
| **1 NOT HELPFUL** | **2** | **3** | **4** | **5 HELPFUL** |

|  |
| --- |
| 6. How have the Early Years team helped you?  |

|  |
| --- |
| 7. How can we improve our service? |

|  |  |  |
| --- | --- | --- |
| 8. Are you aware of The Local Offer service available for your child?

|  |  |
| --- | --- |
| Yes  |  No |

 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 9. A) Are you aware of the Parents United support group?

|  |  |
| --- | --- |
| Yes  |  No |

B) Would you be happy to be contacted by the team?

|  |  |
| --- | --- |
| Yes  |  No |

As in other groupsName:Telephone Number:Email address:c) Would you be happy to share your experiences with others?

|  |  |
| --- | --- |
| Yes  |  No |

 |

|  |
| --- |
| 10. What other support do you feel would be beneficial for children and families with Special Educational Needs or concerns about their child’s progress and development? |

Please use the box below to write general comments, thoughts or feelings about the service the Early Years Standards and Improvement Team provides.

|  |
| --- |
| No  |

|  |
| --- |
| Parent/ Carer Name:  |
| Signature: |
| Childs Name:  |
| Setting/ Nursery:  |
| Date Completed:  |
| I agree to the information on this form to be shared with other professionals  |

**Please send the evaluation form by post to:**

Rebecca Houlton

SEND Admin Officer

Early Years Team

The Orchard Centre

210 Orchard Park Road

Hull

HU6 9BX

If you have any queries please call 01482 613647

**Thank you for taking the time to complete the Early Years Inclusion Team evaluation form.**