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| **SEND Assessment and Review Team – Education, Health and Care Plan (EHCP) Process – Satisfaction Questionnaire weeks 1 - 20** |

This questionnaire is to gather your **opinion about the process** you went through when applying for an EHC Plan.

As a service, it is hoped that the journey and the service provided has been a positive experience.

Your views and feedback on our service are welcomed and enable us to review the service we offer and make improvements. We therefore hope that you answer the following questions and offer both positive and not so positive feedback. The questionnaire can be returned to the SEND Assessment & Review Team. By post or email.

|  |  |
| --- | --- |
| **School** |  |
| **Key Stage** |  |

|  |  |
| --- | --- |
| **Date:** |  |
| **School Year** |  |

**Please Note –** *EHC refers to ‘Education, Health & Care’ throughout this questionnaire*

**Post Code for home address**

|  |
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**Name of the person completing the form:-**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Did you find it easy to request an EHC needs assessment?**

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

**Comments:**

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| --- |
|  |

1. **How easy was it for you to request an Education Health and Care Needs assessment?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very easy | Fairly easy | Acceptable | Fairly difficult | Difficult |

**Comments:**

|  |
| --- |
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1. **Why did you request an EHC assessment? (Please tick all that apply)**

To secure necessary Health Care services

To secure necessary Social Care services

Wish to access special school education and/or placement

Due to concerns over your child’s transfer from Primary to Secondary education

Due to concerns over your child’s education progress

Other, please comment

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1. **How satisfied are you with the time taken for the SEND service to respond to your request for an EHC assessment?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very satisfied | Satisfied | Acceptable | Dissatisfied | Very dissatisfied |

**Comments:**

|  |
| --- |
|  |

1. **Did anyone, including school, explain the graduated response to Special Educational Needs Support prior to you or your son/daughters school requesting an EHC needs assessment?**

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

**Comments:**

|  |
| --- |
|  |

1. **Did you receive communication (via letter, email, telephone calls) from the SEND Team regarding the request for an EHC Needs assessment your child?**

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

**Comments:**

|  |
| --- |
|  |

1. **How satisfied are you with the ease of contacting the service/person you needed?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very satisfied | Satisfied | Acceptable | Dissatisfied | Very dissatisfied |

**Comments:**

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| --- |
|  |

1. **Was the request for an EHC Needs assessment accepted?**

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

**Comments:**

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1. **Did you receive regular communication (letter, email, telephone calls) from the SEND service regarding the progress of your child’s EHC needs assessment?**

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

1. **Did the SEND Team provide you with information about when the local authority would reach a decision on whether to issue a statutory EHC plan?**

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

**Comments:**

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| --- |
|  |

1. **Do you agree that the views and aspirations of your son/daughter and family were**

**taken into consideration during the EHC needs assessment process?**

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

**Comments:**

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| --- |
|  |

1. **Did the local authority decide to issue an EHC plan?**

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

1. **Were you provided with information from your SEND Caseworker on when you would**

**receive a draft EHC plan?**

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

1. **Were you satisfied with your level of involvement in the drafting of the EHC plan?**

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

1. **Were you offered the opportunity of a meeting to discuss the content of the draft EHC plan?**

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

1. **Was the EHC plan finalised and issued within the 20-week timeline?**

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

1. **Were you provided with information about your appeal rights when the final EHC plan was issued?**

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

1. **What was your overall service experience of the EHC process regardless of the**

**decisions reached in respect of the EHC plan?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very good | Good | Okay | Poor | Very poor |

**Is there anything you would change or anything you think could have been done better in respect of the service(s) you received?**

|  |
| --- |
|  |

**Please return to:**

**The SEND Assessment & Review Team by emailing**

[SEND@hullcc.gov.uk](mailto:SEND@hullcc.gov.uk)

**Or via post to**

**SEND Assessment & Review Team**

**Brunswick House, Strand Close, Hull. HU2 9DB**