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| **SEND Assessment and Review Team – Education, Health and Care (EHC) Plan Process – Satisfaction Questionnaire weeks 1 - 16** |

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

We recognise that the decision reached by the local authority to not issue an EHC Plan at this time will not have been the desired outcome, but it is hoped that the journey towards the local authority reaching their decision has been a positive and that the service provided has been of a high standard.

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 is refers to ‘Education Health & Care’ throughout this questionnaire*

**Post code of home address**

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|  |

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

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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| --- |
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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:**

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

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

**Comments:**

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| --- |
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1. **Did you receive communication (via letter, email, telephone calls) from the SEND Assessment & Review Team regarding the request for an EHC Needs assessment for your son/daughter?**

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

**Comments:**

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| --- |
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1. **How satisfied are you with the ease of contacting the SEND Assessment & Review Team/SEND Caseworker?**

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

**Comments:**

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

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

**Comments:**

1. **If the request for an EHC needs assessment was agreed, were you satisfied with your level of involvement in the assessment process?**

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

**Comments:**

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| --- |
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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. **If your request for an EHC Needs assessment was agreed did the SEND Assessment & Review 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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| --- |
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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. **If the answer to Q12 was ‘No’, was the reason for this decision communicated to you clearly?**

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

**Comments:**

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| --- |
|  |

**(b) Was the decision communicated by**

|  |  |  |
| --- | --- | --- |
| **Telephone call** | **Letter/email**  | **Both** |

**(c) Were you provided with information about how to register an appeal via mediation or tribunal?**

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

**Comments:**

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| --- |
|  |

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

 **decision reached in respect of the EHC?**

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

**If you have any other comments or feedback (both positive or not so positive) you would like to share with us about the quality of service you have experienced from the SEND Assessment & Review Team please comment in the box below:**

|  |
| --- |
|  |

**Please return to:**

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

 SEND@hullcc.gov.uk

**Or via post to**

**SEND Assessment & Review Team**

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