

Parent Voice

Childs name _____

Class _____

1. What do you think is working well for your child?
2. What would you like more support with?
3. Are there any other interventions you would like your child to attend?
4. Would you be interested in attending a SEND coffee morning or afternoon?
YES/NO
5. Would you be interested in attending a drop-in afternoon with the SENCO?
YES/NO

Thank you for your feedback,

Mrs O'Carroll (Junior SENCo) Miss Bourke (Infant SENCo)