

## Enhancing Inclusive Practice Fund (Appendix 3)

### Appendix 3 - Example of Monitoring Form

Enhancing Inclusive Practice Fund Monitoring form:														
SEN				Intervention		Attendance						Beha		
PUPIL	School	Year	Status	Start Date	Finish Date	Baseline (In term prior to Start)	Interim 1	Interim 2	Interim 3	Final	Baseline (In term prior to Start)	Interim 1		
1	Happy	1	ANP	01/09/2023		88.90%					2			
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														

### Appendix 4 - Questionnaires

Parent Survey Baseline:  
Parent ID Number:

#### Section 1 (to identify your child’s education provision)

- Which school does your child attend?
- Which year group is your child in?

#### Section 2 (generic questions) - please circle the relevant number

1. My child is happy at school:

Not at all 1 2 3 4 5 6 7 8 9 10 Always

2. My child feels safe at this school:

Not at all 1 2 3 4 5 6 7 8 9 10 Always

3. The school gives my child with SEND the support they need to succeed:

Not at all 1 2 3 4 5 6 7 8 9 10 Always

4. The school values the views, wishes and feelings of children with SEND:

Not at all 1 2 3 4 5 6 7 8 9 10 Always

5. The school values the views, wishes and feelings of parents of children with SEND:

**Not at all 1 2 3 4 5 6 7 8 9 10 Always**

6. The school involves children with SEND as fully as possible in decisions:

**Not at all 1 2 3 4 5 6 7 8 9 10 Always**

7. The school involves parents of children with SEND as fully as possible in decisions:

**Not at all 1 2 3 4 5 6 7 8 9 10 Always**

8. The school provides parents of children with SEND with information and support:

**Not at all 1 2 3 4 5 6 7 8 9 10 Always**

9. The SEND Team is approachable and support my child's learning in school:

**Not at all 1 2 3 4 5 6 7 8 9 10 Always**

10. I can approach staff about any concerns that I have regarding my child:

**Not at all 1 2 3 4 5 6 7 8 9 10 Always**

11. The school works with external agencies when necessary to help my child to progress:

**Not at all 1 2 3 4 5 6 7 8 9 10 Always**

12. I would recommend my child's school to other parents of children with SEND:

**Not at all 1 2 3 4 5 6 7 8 9 10 Always**

### **Enhancing Inclusive Practice Fund**

Pupil Survey Baseline All Projects

- Pupil ID Number:
- What school do you go to?
- What year are you in?
- Do you have an additional needs plan to help you at school?

Please circle the number which you shows your feeling best about where you are today:

1. I enjoy school:

**Not at all 1 2 3 4 5 6 7 8 9 10 All the time**

2. I feel safe at school:

**Not at all 1 2 3 4 5 6 7 8 9 10 All the time**

3. I am happy to go to school each day:

**Not at all 1 2 3 4 5 6 7 8 9 10 Every day**

4. My behaviour in class helps me to learn:

**Not at all 1 2 3 4 5 6 7 8 9 10 All the time**

5. I have all the equipment I need to help me with my learning:

**Not at all 1 2 3 4 5 6 7 8 9 10 All the time**

6. The teacher and TA give me support to help me learn:

**Not at all 1 2 3 4 5 6 7 8 9 10 All the time**

7. I feel I am making progress at school:

**Not at all 1 2 3 4 5 6 7 8 9 10 Every day**

8. I feel listened to at school:

**Not at all 1 2 3 4 5 6 7 8 9 10 Always**

9. I talk to my family about school:

**Not at all 1 2 3 4 5 6 7 8 9 10 Every day**

10. My family help me with my home learning:

**Not at all 1 2 3 4 5 6 7 8 9 10 Every day**

11. I understand what additional help I get in school:

**No 1 2 3 4 5 6 7 8 9 10 Yes**

12. How do you feel most of the time at school:

**1 - Angry, 2 - Ignored, 3 - Miserable, 4 - Anxious, 5 - Don't Know, 6 - Okay, 7 - Happy, 8 - Excited, 9 - Enthusiastic, 10 - Amazing**