

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 | | | | | | | | | | | | | | |
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| 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