

Please answer the following questions as thoroughly as possible.

1 – Are you a disabled parent?		Y	N
2 – If Yes, please provide some details of your disability, if No, please provide details of any other health issues.			
3 – How many children in your family are: (please insert a number in each section)			
Aged 5-11: _____		Male _____	
Aged 12-16: _____		Female _____	
4 – Have you ever had any challenges/difficulties in getting your children to school because of a health condition? If yes, please explain what the challenge/difficulty was and how it was overcome or not?			
5 – What was the impact of this challenge/difficulty on your children, you and your family?			
6 – Were these challenges / difficulties resolved – if yes, how? If no, what were the barriers?			
7 – How long were the children/young people absent from school for? What impact did this have on them?			
8 – Which services/departments do you think should be addressing this issue?			

Thank you for taking the time to complete this questionnaire, if you would like to discuss further or are happy for us to contact you please provide your details.

The information provided in this questionnaire will be treated anonymously and with confidence.

Name:

Email:

Contact number