





## Parents health questionnaire

In Tameside, we are keen to improve the health services we offer to children with special educational needs and /or disabilities (SEND). We want to make sure that our families get the best possible outcomes for their children.

Therefore, we would like to hear about your experience of accessing the health support that your child/young person needs and the level of support you have received. Your views as parent/carer of a child/young person with SEND are crucial to our improvement journey and we look forward to working with you as we further develop services.

Thank you for taking the time to participate in the survey.

If you would like some help to complete this survey please contact oke on *0161 342* 5550

	<i>5550</i>						
1.	Has your child/young person been referred for						
	Autism Assessment ADHD Assessment	Occupational Therapy Physiotherapy	Speech & C Language Therapy	<ul><li>Tic's/Tourette's</li><li>CAMHS</li></ul>			
2.	Were you given informato expect next?	given information about why your child/young person had been referred and v					
	O Yes	○ No	0	Don't know			
3.	How satisfied were you with this information?						
	<ul><li>Satisfied</li></ul>	O Neither sa	atisfied nor O	Dissatisfied			
4.		nformation you were given.  you waited for your appointment explained to you, and in line with your					
	O Yes	○ No	0	Don't know			
5.	How satisfied were you with how long you waited for an appointment?						
	<ul><li>Satisfied</li></ul>	O Neither sa dissatisfie	atisfied nor O	Dissatisfied			
6.	•	satisfied were you with the length of time between your first appointment an the final report/results of the assessment?					
	<ul><li>Satisfied</li></ul>	Neither satisfied nor dissatisfied	<ul><li>Dissatisfied</li></ul>	Not had the final report/results yet			

7.	•	w satisfied are you with the process of assessment – was it well explained and were you ported to understand the results and what that meant for your child/young person?					
	<ul><li>Satisfied</li></ul>	O Neither sat dissatisfied	isfied nor	O Dissatis	sfied		
8.		clear point of contact (either a person or phone number/email address) e assessment process for any queries you had?					
	O Yes	○ No		O Not sur	e / don't know		
9.		about how to access support whilst your child/young person was way and/or undergoing assessment for Speech & Language ccupational Therapy?					
	O Yes	○ No		O Not sur	e / don't know		
10.	How satisfied were you with	this information?					
	<ul><li>Satisfied</li></ul>	O Neither sat dissatisfied	isfied nor	O Dissatis	sfied		
11.	Did you or your child/young p being assessed for Autism of Physiotherapy or Occupation Active Tameside - OKE – An Kooth)	r ADHD? Or underg nal Therapy ( <i>e.g.Me</i>	going assessment encap Family Supp	t from Spee <i>port Groups</i>	ch & Language, - Tog Mind –		
	O Yes	○ No		O Not sur	e / don't know		
12.	Did you receive a written report about the assessment and/or diagnosis that you were able to understand and share with other agencies e.g. school if you needed to?						
	O Yes	No	O Not sure / D know	on't	Not yet, still being assessed		
13.	Were you given information a assessment and/or diagnosis	_	urther support an	d advice fol	lowing the		
	O Yes	No	O Not sure / D know	on't	Not yet, still being assessed		
	Is so please tell us where?						
14.	Is there anything else that services in Tameside (education, health, social care etc) could do to help you to understand and support your child/young person?						
	O Yes	○ No		O Not sur	e / Don't know		
				Plea	ase turn over		

ŀ	Please use this space to explain what else services could do to help				
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1	We would be really grateful if you would share any other comments/feedback, positive or negative, that will help us improve services for families.				
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	What could we do better?				
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Thank you for taking the time to provide your feedback.