

Parent Partnership Evaluation



Dear Parents

The following questions are designed to find out what your experience of the Parent Partnership Barnet has been. We want to make sure that we are meeting your needs. We would be grateful if you could take the time to complete this short questionnaire and return it in the envelope provided. Your comments will be really helpful and are completely confidential. Thank you very much.

Please tick all that apply

<p>1 How did you hear about Parent Partnership Service?</p> <p><input type="checkbox"/> leaflet <input type="checkbox"/> school <input type="checkbox"/> library <input type="checkbox"/> friend <input type="checkbox"/> health centre/visitor</p> <p><input type="checkbox"/> Voluntary Organisation <input type="checkbox"/> Social Services <input type="checkbox"/> Educational Psychologist</p> <p><input type="checkbox"/> Parent Partnership Event <input type="checkbox"/> LEA <input type="checkbox"/> Other (please specify)</p>
<p>2 What help did you receive?</p> <p><input type="checkbox"/> Information about school provision for special needs i.e.: school action plus/school action</p> <p><input type="checkbox"/> Information on statutory assessments and statementing</p> <p><input type="checkbox"/> Information on the SEN code of practice</p> <p><input type="checkbox"/> Accompany to meeting at school</p> <p><input type="checkbox"/> Translation/Interpretation</p> <p><input type="checkbox"/> Help with writing parental contribution to assessment</p> <p><input type="checkbox"/> Help with writing letters</p> <p><input type="checkbox"/> Information about fixed term exclusions</p> <p><input type="checkbox"/> Information about Permanent Exclusions</p> <p><input type="checkbox"/> Help with post exclusion problems</p> <p><input type="checkbox"/> Help prepare for meetings</p> <p><input type="checkbox"/> Other (please specify) _____</p>
<p>3. How was this support given?</p> <p><input type="checkbox"/> Over the telephone <input type="checkbox"/> Home visit</p> <p><input type="checkbox"/> Meeting at NLBP <input type="checkbox"/> Sent information</p> <p><input type="checkbox"/> Meeting at school</p> <p><input type="checkbox"/> Other (please specify) _____</p>

Parent Partnership Evaluation



4. How helpful was the support?	Very Good 	Good 	Satisfactory 	Poor 														
Given by telephone																		
Given face to face																		
Given at meetings																		
With letters and/or reports																		
Overall support																		
5 Did the supporter <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Help you understand the meeting</td> <td><input type="checkbox"/> Make decisions for you</td> </tr> <tr> <td><input type="checkbox"/> Help you take part in the meeting</td> <td><input type="checkbox"/> Take over the meeting</td> </tr> <tr> <td><input type="checkbox"/> Help you get your point across</td> <td><input type="checkbox"/> Speak for you</td> </tr> <tr> <td><input type="checkbox"/> Help improve things for your child</td> <td><input type="checkbox"/> Stick to the point</td> </tr> <tr> <td><input type="checkbox"/> Help you understand the letters/reports</td> <td><input type="checkbox"/> Make things better</td> </tr> <tr> <td><input type="checkbox"/> Help you write your report</td> <td><input type="checkbox"/> Make things worse</td> </tr> <tr> <td><input type="checkbox"/> Help everyone think about your child's needs</td> <td><input type="checkbox"/> Make things clearer</td> </tr> </table>					<input type="checkbox"/> Help you understand the meeting	<input type="checkbox"/> Make decisions for you	<input type="checkbox"/> Help you take part in the meeting	<input type="checkbox"/> Take over the meeting	<input type="checkbox"/> Help you get your point across	<input type="checkbox"/> Speak for you	<input type="checkbox"/> Help improve things for your child	<input type="checkbox"/> Stick to the point	<input type="checkbox"/> Help you understand the letters/reports	<input type="checkbox"/> Make things better	<input type="checkbox"/> Help you write your report	<input type="checkbox"/> Make things worse	<input type="checkbox"/> Help everyone think about your child's needs	<input type="checkbox"/> Make things clearer
<input type="checkbox"/> Help you understand the meeting	<input type="checkbox"/> Make decisions for you																	
<input type="checkbox"/> Help you take part in the meeting	<input type="checkbox"/> Take over the meeting																	
<input type="checkbox"/> Help you get your point across	<input type="checkbox"/> Speak for you																	
<input type="checkbox"/> Help improve things for your child	<input type="checkbox"/> Stick to the point																	
<input type="checkbox"/> Help you understand the letters/reports	<input type="checkbox"/> Make things better																	
<input type="checkbox"/> Help you write your report	<input type="checkbox"/> Make things worse																	
<input type="checkbox"/> Help everyone think about your child's needs	<input type="checkbox"/> Make things clearer																	
6. Did you find Barnet Parent Partnership easy to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No (please give reason) _____																		
7.If you left a message, how quickly did we get back to you?(not including weekends) <input type="checkbox"/> on the same day <input type="checkbox"/> within 24hrs <input type="checkbox"/> within 48hrs <input type="checkbox"/> after 48hrs																		
8. How many times have you contacted Parent Partnership? <input type="checkbox"/> Once <input type="checkbox"/> Up to ten times <input type="checkbox"/> Up to 20 times <input type="checkbox"/> More than 20 times <input type="checkbox"/> Not sure																		
9. Would you be happy to tell other parents about Barnet Parent Partnership Service? <input type="checkbox"/> Very happy <input type="checkbox"/> Happy <input type="checkbox"/> Not happy <input type="checkbox"/> Very unhappy <input type="checkbox"/> Don't know																		
10 Would you call Parent Partnership service for help again? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know																		
11. Please tell us how we can improve our service for parents:																		

Thank you very much for taking the time to fill in this questionnaire!
 Please return completed forms to Parent Partnership, Children's Service,
 Building 4, North London Business Park, Oakleigh Road South, N11 1NP