



Please complete the following questionnaire in your capacity as parent/guardian and return it to school at least a week before your child's review. The information you provide is an important part of the review process. Please continue your comments on a separate sheet if required.

Student's Name:	D.O.B:	
Your Name(s):		
Your Role:		
	uld the Education Health and Care Plan (EHCP) be maintained ocal authority continue to provide special education provision)?	Yes 🗌 No 🗌
In your view, are	the outcomes and provisions detailed in the EHCP being met?	Yes 🗌 No 🗌
If 'No', please give details of the outcomes or provisions you feel are not being met:		
In your view, sho	uld the EHCP be amended?	Yes 🗌 No 🗌
If 'Yes', please give details of the changes you would like the local authority to make:		
In your view, is th needs?	e school's curriculum being effective in addressing your child's	Yes 🗌 No 🗌
If 'No', please give details of those needs you feel are not being met:		
In your view, sho	uld your child's placement at Heathermount be maintained?	Yes 🗌 No 🗌

Please provide your comments on the progress made by your child over the last 12 months. For example: What new skills have you observed? What resources have you found useful to support your child's learning? What concerns do you have about your child's progress? What changes have you observed at home? What problems have you experienced?

Which areas of development do you think the school should address in the coming year?

What are your aspirations for your child's future?