

## Equality and Accessibility Questionnaire – Parents



Please take a little time to answer the following questions so that we can provide the most appropriate service for our school community.

Question Number	Question				
1.	Do you consider your child or any of your children at school to have a disability?  <i>Please tick below</i>				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Yes</td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">No</td> <td style="width: 25%;"></td> </tr> </table>	Yes		No	
	Yes		No		
<i>If you would like to comment further, please write in the space below</i>					
2.	If yes, do you feel that the nature of your son or daughter's disability/ learning difficulty has excluded him\her from any aspect of academy life?  <i>Please tick below</i>				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Yes</td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">No</td> <td style="width: 25%;"></td> </tr> </table>	Yes		No	
	Yes		No		
<i>If you would like to comment further, please write in the space below</i>					
3.	Can you think of any ways we could improve our support for children with disability in academy?  <i>Please tick below</i>				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Yes</td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">No</td> <td style="width: 25%;"></td> </tr> </table>	Yes		No	
	Yes		No		
<i>If you would like to comment further, please write in the space below</i>					
4.	Can you think of any ways we could improve the support for children/parents/carers/visitors with disability when they need to come into academy?  <i>Please tick below</i>				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Yes</td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">No</td> <td style="width: 25%;"></td> </tr> </table>	Yes		No	
	Yes		No		
<i>If you would like to comment further, please write in the space below</i>					

5.	<p>Would you be interested in joining a group in academy to discuss these issues? We meet informally once a term and we review the service academy provides and discuss future plans?</p> <p><i>Please tick below</i></p> <table border="1" data-bbox="363 600 1398 667"> <tr> <td data-bbox="363 600 624 667">Yes</td> <td data-bbox="624 600 884 667"></td> <td data-bbox="884 600 1144 667">No</td> <td data-bbox="1144 600 1398 667"></td> </tr> </table> <p><i>If you would like to comment further, please write in the space below</i></p> <div data-bbox="363 734 1398 1106" style="border: 1px solid black; height: 166px;"></div>	Yes		No	
Yes		No			
6.	<p>Is there other issues you would like to raise regarding 'equal opportunities' of any nature (religion, race, gender, age etc.) linked to academy life?</p> <p><i>Please tell us in the space below</i></p> <div data-bbox="363 1276 1398 1680" style="border: 1px solid black; height: 180px;"></div>				

## Equality and Accessibility Questionnaire – Staff Questionnaire



Please take a little time to answer the following questions so that we can provide the most appropriate service for our staff.

Question Number	Question																												
1.	Do you consider yourself to have a disability?  <i>Please tick below</i>																												
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; text-align: center;">Yes</td> <td style="width: 25%; border: 1px solid black;"></td> <td style="width: 25%; border: 1px solid black; text-align: center;">No</td> <td style="width: 25%; border: 1px solid black;"></td> </tr> </table>	Yes		No																									
Yes		No																											
2.	How would you describe your disability?  <i>Please tick below</i>																												
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black;">Dyslexia/ Learning Disability</td> <td style="width: 5%; border: 1px solid black;"></td> <td style="width: 50%; border: 1px solid black;">Mobility Difficulties</td> <td style="width: 5%; border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black;">Unseen Disability e.g. Diabetes, Epilepsy, Asthma</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;">Blind/Partially Sighted</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black;">Personal Care</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;">Multiple Disabilities</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black;">Deaf/Hearing Impairment</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;">Mental Health Difficulty</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black;">Autistic Spectrum Disorder</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;">Asperger's Syndrome</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td colspan="4" style="border: 1px solid black;"><i>Other, please state below</i></td> </tr> <tr> <td colspan="4" style="border: 1px solid black; height: 40px;"></td> </tr> </table>	Dyslexia/ Learning Disability		Mobility Difficulties		Unseen Disability e.g. Diabetes, Epilepsy, Asthma		Blind/Partially Sighted		Personal Care		Multiple Disabilities		Deaf/Hearing Impairment		Mental Health Difficulty		Autistic Spectrum Disorder		Asperger's Syndrome		<i>Other, please state below</i>							
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	Deaf/Hearing Impairment		Mental Health Difficulty																										
	Autistic Spectrum Disorder		Asperger's Syndrome																										
	<i>Other, please state below</i>																												
3.	Have you disclosed your disability to school?  <i>Please tick below</i>																												
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; text-align: center;">Yes</td> <td style="width: 25%; border: 1px solid black;"></td> <td style="width: 25%; border: 1px solid black; text-align: center;">No</td> <td style="width: 25%; border: 1px solid black;"></td> </tr> </table>	Yes		No																									
	Yes		No																										
<i>If you answered no, please share your reasons for not doing so or provide suggestions to make it easier for staff to share their disability with school.</i>																													
4.	Do you feel that the nature of your disability has caused you to be excluded from any aspect of school like?  <i>Please tick below</i>																												
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5.	<p>If you have a disability, do you feel there is any way the academy can improve its policies and procedures to support your needs?</p> <p><i>Please tick below</i></p>		
	Yes		No
	<p><i>Please tell us about your suggestions below</i></p>		
6.	<p>If you have a disability, what do you feel has been the biggest barrier to your experience at the school?</p>		
	<p><i>Please tell us in the space below</i></p>		
7.	<p>If you have a disability, what do you feel has been the most positive experience of your time at the school?</p>		
	<p><i>Please tell us in the space below</i></p>		