



1. Childs Name: \_\_\_\_\_

2. Do you consider yourself, your partner, or your child to have a disability?

	<b>Yourself</b>	<b>Your partner</b>	<b>Your child</b>
<b>Yes</b>			
<b>No</b>			

If yes, please tell us about your disability

3. How would you describe your own/your partners/your child's particular needs? Please tick where appropriate, this may be more than one box.

	<b>Yourself</b>	<b>Your partner</b>	<b>Your child</b>
No additional needs			
Medical Needs e.g. Epilepsy, Diabetes, Blood Pressure, Asthma			
Learning Difficulties e.g. Dyslexia, Moderate Learning Difficulty			
Mental Health Difficulties e.g. Depression, Eating Disorder			
Hearing/Visual Impairment			
Speech and Language Difficulties			
Autistic Spectrum Disorder e.g. Asperger's Syndrome, Autism			
Physical Needs e.g. Arthritis			
Behaviour, Emotional and Social Developments Needs e.g. ADHA			
Other			

4. Do you or your child find it difficult to access any information provided by the school? For example, the school curriculum, letters from school, homework, newsletter.

**When receiving letters from school:**

5. The size of the writing used is generally

Too small

Easy to read

Too large


6. The language used in the letter is:

Easy to understand

Difficult to complete


7. The forms to return are:

Easy to complete

Difficult to complete


8. The School Newsletter – do you find it:

Easy to read

Difficult to read and understand


9. Do you have any further comments in relation to this section about receiving letters and newsletters from school?

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**School Website**

10. Do you use the school's website?

Quite often

Sometimes

No


11. Do you find it:

Easy to use

Some pages are difficult to access

Difficult to use


**12. With regard to accessibility for all, what else could the school do to improve its website?**

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**When coming into school:**

13. Is it easy to know where to go?

Yes

No

Other (please specify)


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14. Is it wide enough for access to the School?

Yes

No

Other (please specify)


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15. Are the entrance pathways (please tick where you agree with the statement)

Smooth and easy to walk on

Free from hazards (i.e. bins)

Free of kerbs/steps/tripping

Other (please specify)

16. Are the pathways around the School (please tick where you agree with the statement)

Smooth and easy to walk on

Free from hazards (i.e. bins)

Free of kerbs/steps/tripping

Other (please specify)

17. Is the main entrance clearly indicated and easy to find?

Yes

No

Other (please specify)

18. Is the main entrance door easy to use?

Yes


No

Other (please specify)

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19. Is the main office

Clearly indicated


Easy to use

At the right height

Are staff happy and helpful to assist?

Other (please specify)

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20. Do you have any further comments to make regarding an impairment either you or a family member have which will help to improve the accessibility to Ysgol Tir Morfa in so far as is reasonable and practical?

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