**Name of young person:**

School / setting: St John the Baptist RC Primary School

Date

Name of person completing:

|  |
| --- |
| Relationship to young person: Are you intending on sending your child back to school?  |
| Does your child have siblings in other year groups? If so, which ones? Are they going back to school?  |

**The Child’s Lockdown Experiences**

Please answer ‘Yes’, or ‘No’ for the questions about the child’s experiences during the COVID-19 outbreak.

1. Has your child/ or a member of your household self-isolated or quarantined at home due to suspected / identified COVID-19 (Coronavirus)? Yes/No If Yes, please tell us more
2. Has your child or significant family member been unwell? Yes/No If Yes, please tell us more
3. Has there been a bereavement in the family? Yes/No If Yes, please tell us more
4. Have any significant events occurred since the child has been off school? Yes/No If Yes, please tell us more
5. Have you had support from an agency? Yes/No If Yes, please tell us more
6. Has your child been away from a significant family member? Yes/No If Yes, please tell us more
7. Has your child had access to an outside space at home? Yes/No If Yes, please tell us more
8. Does your child have high-speed broadband internet access at home? Yes/No If Yes, please tell us more

**Impacts of the COVID-19 Outbreak on the Child**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Please mark ‘Less’, Same Amount’ or ‘More’ for how much the child is engaged in the activity compared to before the COVID-19 outbreak. | Less | Same Amount | More |
| 1 | Eating |  |  |  |
| 2 | Sleeping |  |  |  |
| 3 | Managing self-care (e.g. toileting) |  |  |  |
| 4 | Physical Activity |  |  |  |
| 5 | Spending time outside |  |  |  |
| 6 | Spending time with other children (e.g. siblings) in play |  |  |  |
| 7 | Spending time with friends remotely (e.g., online, social media, texting) |  |  |  |
| 8 | Spending time completing school work  |  |  |  |
| 9 | Spending time watching TV, playing video/computer games, or using social media for educational purposes, including school work  |  |  |  |
| 10 | Spending time watching TV, playing video/computer games, or using social media for non-educational purposes |  |  |  |
| 11 | Spending time doing shared reading |  |  |  |
| 12 | Feeling nervous, anxious and worrying about things |  |  |  |
| 13 | Becoming easily annoyed or irritable |  |  |  |
| 14 | Acting aggressively or violently towards others |  |  |  |
| 15 | Acting restless and fidgeting |  |  |  |
| 16 | Clinging to adults  |  |  |  |
| 17 | Offering to help others |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

Where you answered ‘more’ or ‘less’ please tell us more about how your child’s behaviour has changed.

**Safeguarding**

Violence affects many families. Since the beginning of the lockdown there has been a rise in the number of reported cases relating to domestic abuse. Where there is concern about violence or the safety of individuals the school can signpost you to an appropriate service.

* Has your child ever directly witnessed abuse to someone else? (for example, witnessing assaults or abuse)
* Has your child ever indirectly witnessed abuse to someone else? (for example, witnessing injuries or hearing assaults from another room)

If yes, please follow your local policies, protocols and procedures for safeguarding adults and children, and for domestic abuse.

*All information provided will be kept strictly confidential in accordance with the Data Protection Act and GDPR Regulation.*

***Thank-you for your valuable feedback.***