



**A Survey for children and young people
who have education health and care
plans.**



This survey is for:

Children and Young People who have an Education Health and Care Plan, also known as an EHCP.

An Education Health and Care Plan:

Is the plan that describes what is important to a child or young person, their needs and says what support they should get.

The survey is being carried out by:

The local authority and a charity called ['In Control'](#).

Who wants to know:

How helpful your support is to you, to help improve things for other children and young people who need support.

The answers may be read by:

Your Local Authority, school or health service. But they will not know who wrote them. In Control will also read your answers. People who read your answers will not know who wrote them.

The answers will be used to:

Help improve the way Education Health and Care plans work where you live and across the country. The answers will also be used to write reports that will be made public.

Someone you trust can help you complete the questions:

If you need help to answer the questions you can ask a member of staff, a friend or family member to help you.




If you do not want to take part then that is absolutely fine:




You can also choose to answer some or all of the questions. If you do answer them we will only use them in the way we have described.





If you are under the age of 16:

You must have agreement from your parent or guardian to complete this questionnaire





About your support

1. Do you have?	Yes 	No 	Don't know 
An Education Health and Care plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A personal budget (money that you or your parent can use for your support)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid support at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid support at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid support to go out and about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Were you involved in writing your Education Health and Care Plan?	Yes 	No 	Don't know 
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Over the past year, what do you think about these areas of your support?				
	Poor 	OK 	Good 	Don't know 
Being involved in my EHCP: My views are included in my plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of support: I get the right amount of support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choice about your support: I can change my support if I need to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information: I have information to make decisions about my support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dignity and Respect: I am supported with dignity and respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Looking forward: The support I get helps me for life in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About your life

4. Over the past year, how well has your support helped you with the following areas of your life?				
	Poor 	OK 	Good 	Don't know 
Your health: I am as healthy as I can be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your learning: I do the best I can at school, college or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your friendships: I enjoy time with friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your home: I enjoy life at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling safe: I feel safe at home and out and about.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having fun: I have fun and enjoy my spare time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community: I can do things in my local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your quality of life: I'm happy and enjoy life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Did you have help to complete this questionnaire?	
No, I answered it on my own	<input type="checkbox"/>
Yes, someone helped me answer	<input type="checkbox"/>
Yes, someone else answered for me	<input type="checkbox"/>

About you

6. How old are you?

7. Are you Male or Female? Male Female

8. What is the main reason you need support? Please select one from the list

Learning disability	<input type="checkbox"/>	Communication and interaction	<input type="checkbox"/>
Sensory (hearing, sight)	<input type="checkbox"/>	Physical disability	<input type="checkbox"/>
Social, mental and emotional health	<input type="checkbox"/>	Other	<input type="checkbox"/>
Don't know	<input type="checkbox"/>		

Thank you for answering these questions.

**Would you like to say anything about the questions in this survey?
(we are always looking to improve the POET, any comments you have will help us make sure that the survey works well)**

A link to our survey feedback form can be found [here](#)

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