

SEND Consultation Questionnaire

Please read the consultation summary explaining about the proposed changes to SEND Funding before completing this questionnaire.

1. To what extent do you agree with the Council's proposals to introduce **additional funding** arrangements as detailed in the consultation document?

Strongly Agree Neither agree nor disagree Disagree
 Agree Strongly disagree

If you don't agree, please tell us why?

2. To what extent do you agree with the Council's proposals to introduce **exceptional funding** arrangements as detailed the consultation document?

Strongly Agree Neither agree nor disagree Disagree
 Agree Strongly disagree

If you don't agree, please tell us why?

3. Do you have any other comments on the proposals?

4. Are you the parent of a SEND Student?

Yes No

5. If yes, does your child have an EHC statement or plan?

Yes No

6. If yes, does she/he go to school in the Borough?

Yes No

If no, please state which borough...

7. How would you describe the current SEND provision in Hackney?

Very Good Neither good nor bad Very poor
 Quite good Quite poor Don't know

8. Do you have any other comments on the SEND provision in the Borough?

About You

So we can best understand our service users and residents, please complete this optional form about you. All information is used under the strict controls of the Data Protection Act 1998.

Please indicate the postcode area in which your business is located:

E1	<input type="checkbox"/>	E8	<input type="checkbox"/>	E15	<input type="checkbox"/>	N1	<input type="checkbox"/>
E2	<input type="checkbox"/>	E9	<input type="checkbox"/>	EC1	<input type="checkbox"/>	N4	<input type="checkbox"/>
E5	<input type="checkbox"/>	E10	<input type="checkbox"/>	EC2	<input type="checkbox"/>	N16	<input type="checkbox"/>

Other, please tell us: _____

Age: What is your age group?

Under 16	<input type="checkbox"/>	16-17	<input type="checkbox"/>	18-24	<input type="checkbox"/>	25-34	<input type="checkbox"/>
35-44	<input type="checkbox"/>	45-54	<input type="checkbox"/>	55-64	<input type="checkbox"/>	65-74	<input type="checkbox"/>
75-84	<input type="checkbox"/>	85+	<input type="checkbox"/>				

Are you a parent or guardian of any children?

No Children	<input type="checkbox"/>	Yes – aged 9 – 11	<input type="checkbox"/>
Yes – aged 0 – 4	<input type="checkbox"/>	Yes – aged 12 – 17	<input type="checkbox"/>
Yes – aged 5 – 8	<input type="checkbox"/>	None aged under 18	<input type="checkbox"/>

Disability: Under the Equality Act you are disabled if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

Do you consider yourself to be disabled?

Yes No

Caring responsibilities: A carer is someone who spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.

Do you regularly provide unpaid support caring for someone?

Yes No

Ethnicity: Are you...

Asian or Asian British	<input type="checkbox"/>	Black or Black British	<input type="checkbox"/>
Mixed background	<input type="checkbox"/>	White or White British	<input type="checkbox"/>
Other ethnic group	<input type="checkbox"/>		

Other (please specify if you wish): _____

Religion or belief: Are you or do you have...

Atheist/no religious belief	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Charedi	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	Secular beliefs	<input type="checkbox"/>	Sikh	<input type="checkbox"/>

Other (please specify if you wish): _____

Thank you for taking part in this questionnaire.

If you would like to find out what this document says please tick the appropriate box, put your name, address and phone number at the bottom of this page and return it to the address below.

Bengali

এই দলিলে কি লেখা আছে সে সম্পর্কে যদি আপনি জানতে চান তাহলে অনুগ্রহ করে উপযুক্ত বাক্সে টিক দিন, এই পাতার নীচে আপনার নাম, ঠিকানা ও ফোন নম্বর লিখুন এবং এটি নীচের ঠিকানায় ফেরত পাঠান।

Somali

Haddii aad jeclaan lahayd in aad ogaato waxa dokumeentigani sheegayo fadlan calaamadi godka ku haboon, ku qor magacaaga, cinwaanka iyo telefoon lambarkaaga boggan dhankiisa hoose ka dibna ku celi cinwaanka hoose.

French

Si vous désirez connaître le contenu de ce document, veuillez cocher la case appropriée et indiquer votre nom, adresse et numéro de téléphone au bas de cette page et la renvoyer à l'adresse indiquée ci-dessous.

Spanish

Si desea saber de lo que trata este documento, marque la casilla correspondiente, escriba su nombre, dirección y número de teléfono al final de esta página y envíela a la siguiente dirección.

Kurdish

Ger hun dixwazin bizanibin ku ev dokument çi dibêje, ji kerema xwe qutika minasib îşaret bikin, nav, navnîşan û hejmara telefona xwe li jêrê rûpel binivîsin û wê ji navnîşana jêrîn re bişînin.

Turkish

Bu dökümanda ne anlatıldığını öğrenmek istiyorsanız, lütfen uygun kutuyu işaretleyerek, adınızı, adresinizi ve telefon numaranızı bu sayfanın alt kısmına yazıp, aşağıdaki adrese gönderin.

Polish

Jeśli chcesz dowiedzieć się, jaka jest treść tego dokumentu, zaznacz odpowiednie pole, wpisz swoje nazwisko, adres i nr telefonu w dolnej części niniejszej strony i przeslij na poniższy adres.

Vietnamese

Nếu bạn muốn biết tài liệu này nói gì hãy đánh dấu vào hộp thích hợp, điền tên, địa chỉ và số điện thoại của bạn vào cuối trang này và gửi lại theo địa chỉ dưới đây.

Urdu

اگر آپ یہ جاننا چاہتے ہیں کہ دستاویز میں کیا لکھا ہے تو ازراہ کرم مناسب باکس میں صحیح کا نشان لگائے اور اپنا نام، پتہ اور فون نمبر اس صفحہ کے نیچے لکھئے اور اسے نیچے دیئے گئے پتہ پر واپس بھیج دیجئے۔

Chinese

如果你想知道這分文件的詳細內容，請在方框內打鉤，在本頁下面寫下你的名字、地址和電話號碼並寄到下面的地址。

If you would like this document in any of the following formats or in another language not listed above, please complete and send the form to the address below.

In large print

In Braille

On Disk

On audio tape

In another language, please state:

Name:

Address:

Tel:

Return to: Hackney Consultation Team, Hackney Town Hall, Mare Street, E8 1EA