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**Gathering parents’ views on attendance difficulties**

Research highlights the importance of parents feeling included and heard throughout the process of supporting attendance difficulties. This form is designed to support parents to share their voice around their child’s barriers to attendance, and inform future collaborative action planning around how best to support these. Please give as much information as you can for each question:

Name of child: Year:­

**In the questions below, please can you provide more information around the nature of your child’s attendance difficulties from your perspective:**

Currently, we are experiencing the following difficulties around attendance (please tick all that apply):

My child expressing that they don’t want to go to school.

Difficulty getting my child ready in the morning.

Difficulty travelling into school or entering the school building.

My child reporting frequent stomach aches/headaches/ illnesses etc.

Signs of anxiety in the evenings before going to bed.

My child being unable to go into school on some days.

My child is not able to attend school for days at a time.

My child is not currently attending school.

Other (please describe if possible

Research suggests that a range of factors can contribute to ‘emotionally-based school avoidance’ or anxiety around attending school. Please provide more information below about the different factors that you feel are currently contributing to your child’s difficulties:

**School-based factors:** *This might include aspects of the school environment that are currently contributing to or maintaining anxiety around school attendance (e.g. learning/ peer relationships/ staff relationships/ parts of the school day or environment etc…)*

**Home-based factors:** *This might include aspects of the home environment that may be contributing to or maintain anxiety around school attendance (e.g. separation anxiety, recent bereavement or illness, change in circumstances, siblings’ attendance difficulties etc…)*

**Individual factors:**

*This might include aspects of the child’s individual needs that contribute to or maintain anxiety around school attendance, including diagnoses/ unmet needs, learning difficulties etc…)*

Please can you provide information below around which parts of the school day you believe your child finds most anxiety-provoking on a scale of 1-5.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 (Not at all anxiety-provoking | 2 | 3  Somewhat anxiety-provoking | 4 | 5  (Extremely anxiety-provoking) |
| Travelling to school |  |  |  |  |  |
| Getting into the school building |  |  |  |  |  |
| Registering/ start of the day |  |  |  |  |  |
| Lessons (please share if any in particular are important to note: |  |  |  |  |  |
| Transitioning between lessons |  |  |  |  |  |
| Working independently |  |  |  |  |  |
| Working in groups |  |  |  |  |  |
| Assessments and/or exams |  |  |  |  |  |
| Breaks/lunch times |  |  |  |  |  |
| The end of the school day |  |  |  |  |  |
| Homework/ after school clubs (if relevant) |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |

**The next section considers how we may be able to support you child’s attendance difficulties in school, and should inform collaborative action planning with school staff:**

Please share what, in your view, is working well for your child in school at present (*e.g. any particular lessons/ friendships/ support already in place?)*

Are there any members of staff that you feel your child has a good relationship with?

What, in your view, needs to change to support you child to feel more able to attend school/ engage in learning?

**Finally, research highlights the impact that EBSA or school-related anxiety can have on the wider family, including parents. This section aims to explore the support you may feel you require to effectively manage and advocate for your child’s needs (if you feel comfortable to share this information):**

Is there anything that you feel that you would like support with as a parent at home to help you manage your child’s anxiety?

If you feel comfortable to, please share information about your support network *(e.g. friends, family members, professional support or parenting groups/organisations:*

When attending meetings with professionals or accessing support for your child’s needs, we encourage you to invite other individuals along to support you should you feel that you need to. This may include friends or family members, as well as professionals. Please indicate if you would like us to organise for a particular professional or advocacy service to support you to attend these meetings:

Please let us know if there is anything else that you feel important to share with us at this time:

Thank you for completing this form and for sharing your views.