

Education

Information about you

This survey is designed to be completed by parent/carer of someone with Down syndrome who is in education, or has completed their education.

The questions refer to child, this also relates to young person/family member, friend etc.

* 1. In what capacity are you completing this survey?

- I am a parent/carer of someone with Down syndrome and am answering with my views
- I am completing with someone with Down syndrome and supporting them to share their views
- I am a family relative of someone with Down syndrome
- I am a friend to someone/some people with Down syndrome
- Other (please specify)

2. Please advise what is your gender?

- Female
- Male
- Prefer not to say
- Other (specify)

3. What is your age?

- Under 18
- 18-25
- 25-40
- 40-50
- 50-60
- 60+
- Prefer not to say

4. What ethnicity are you?

- Asian or Asian British
- Black, Black British, Caribbean or African
- Mixed or multiple ethnic groups
- White
- Other ethnic group
- Prefer not to answer
- Other (please specify)

* 5. Where does your family member/friend with Down syndrome live?

- | | |
|--|--|
| <input type="radio"/> Scotland | <input type="radio"/> West Midlands |
| <input type="radio"/> Northern Ireland | <input type="radio"/> East England |
| <input type="radio"/> Wales | <input type="radio"/> London |
| <input type="radio"/> North East England | <input type="radio"/> South East England |
| <input type="radio"/> North West England | <input type="radio"/> South West England |
| <input type="radio"/> Yorkshire and the Humber | <input type="radio"/> Channel Islands |
| <input type="radio"/> East Midlands | |

6. What gender is your family member/friend with Down syndrome?

- Female
- Male
- Prefer not to say
- Other (please specify)

7. What ethnicity is your family member/friend with Down syndrome?

- Asian or Asian British
- Black, Black British, Caribbean or African
- Mixed or multiple ethnic groups
- White
- Other ethnic group
- Prefer not to answer
- Other (please specify)

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* 8. How old is the family member/friend with Down syndrome?

- Under 1
- 1-4
- 5-10
- 11-18
- 19-25
- 25-40
- 40-50
- 50-60
- 60+

* 9. At what stage is your child at in their education?

- Not yet in education
- Pre-school
- Primary
- Secondary
- Further
- Completed

10. Preschool setting - please indicate which type of setting your child started and ended?

	Started at	Completed at	Still at
Mainstream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist unit within mainstream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dual placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home schooled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Primary setting - please indicate which type of setting your child started and ended?

	Started at	Completed at	Still at
Mainstream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist unit within mainstream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dual placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home schooled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. If your child changed settings, please advise in which school year they made the change and why they changed settings.

13. Secondary setting - please indicate which type of setting your child started and ended?

	Started at	Completed at	Still at
Mainstream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist unit within mainstream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dual placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home schooled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. If your child changed settings, please advise in which school year they made the change and why they changed settings.

15. Further education setting - please indicate which type of setting your child started and ended?

	Started at	Completed at	Still at
Mainstream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist unit within mainstream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dual placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home schooled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. If your child changed settings, please advise in which school year they made the change and why they changed

* 17. Please rate the quality of information available for you to make the decision about your child's initial educational setting for each stage completed (1 is poor information, 5 is excellent information)

	1	2	3	4	5
Pre-school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Further	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 18. How satisfied are/were you with your child's educational experience for each level completed? (1 is unsatisfied, 5 is very satisfied)

	1	2	3	4	5
Pre-school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Further	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Please comment on your response to your level of satisfaction

Pre-school	<input type="text"/>
Primary	<input type="text"/>
Secondary	<input type="text"/>
Further	<input type="text"/>

* 20. Overall, do you feel your child is/was supported to reach their full potential?

	Yes	Setting tried but lacked expertise	No	Not applicable
Pre-school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Further	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

21. What proportion of your child's time is/was spent within the class setting? (As opposed to 1:1 out of the classroom)

Pre-school	<input type="text"/>
Primary	<input type="text"/>
Secondary	<input type="text"/>
Further	<input type="text"/>

22. What challenges have you and your child faced at different stages of their education?

Pre-school	<input type="text"/>
Primary	<input type="text"/>
Secondary	<input type="text"/>
Further	<input type="text"/>

* 23. At the different stages of your child's education, do you think that professionals would benefit from specific Down syndrome training?

	Yes	No	Don't know
Pre-school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Further	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 24. Do you think general learning disability training would be sufficient for your child's educational setting, instead of Down syndrome specific training?

	Yes	No	Don't know
Pre-school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Further	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 25. Has your child had frequent and consistent specialist Speech and Language Therapy (SaLT) provided by your Local Authority throughout their schooling (and beyond, if applicable)?

	Yes	No	Don't know
Pre-school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Further	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. If yes to the previous question, please state the frequency and how easy it was to secure.

Pre-school	<input type="text"/>
Primary	<input type="text"/>
Secondary	<input type="text"/>
Further	<input type="text"/>

27. Does/has your child have/had independent SaLT?

	Yes	No	Don't know
Pre-school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. If you answered yes to the previous questions, who paid for the private therapy e.g. you personally, the local authority, local or national charity?

Pre-school	<input type="text"/>
Primary	<input type="text"/>
Secondary	<input type="text"/>
Further	<input type="text"/>

* 29. Does your child's educational setting receive external specialist provision, e.g. from a charity or specialist organisation?

	Yes	No	Don't know
Pre-school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Further	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. If yes to the previous question, please provide details of the support

Pre-school	<input type="text"/>
Primary	<input type="text"/>
Secondary	<input type="text"/>
Further	<input type="text"/>

31. If you answered yes to the previous question, who funds the support?

Pre-school	<input type="text"/>
Primary	<input type="text"/>
Secondary	<input type="text"/>
Further	<input type="text"/>

32. Please comment on any difference the external provision has made

Pre-school	<input type="text"/>
Primary	<input type="text"/>
Secondary	<input type="text"/>
Further	<input type="text"/>

33. Has your child been given regular homework throughout school and college?

	Yes	No	Don't know
Primary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Further	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. Please advise on the frequency of the homework

Primary	<input type="text"/>
Secondary	<input type="text"/>
Further	<input type="text"/>

35. Overall, was/is the homework accessible and differentiated i.e. was/is your child able to complete it independently?

	Yes	No	Don't know
Pre-school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Further	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 36. Please provide examples of what has been successful in your child's education and share examples of good practice.

Pre-school	<input type="text"/>
Primary	<input type="text"/>
Secondary	<input type="text"/>
Further	<input type="text"/>

37. Please provide examples of what has not been successful in your child's education.

Pre-school	<input type="text"/>
Primary	<input type="text"/>
Secondary	<input type="text"/>
Further	<input type="text"/>

* 38. Was/is your child able to readily access after school care/clubs?

	Yes	No	Don't know
Primary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Further	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39. Has your educational setting discussed exam pathways for your child?

	Yes	No	Don't know
Primary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Further	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. If school has discussed exam pathways, has this been at your instigation, due to an external specialist's advice or the setting initiated of own accord?

41. Has your child's educational setting(s) received training specifically around Down syndrome?

	Yes	No	Don't know
Pre-school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Further	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. If yes, who provided the training and who funded it?

Pre-school	<input type="text"/>
Primary	<input type="text"/>
Secondary	<input type="text"/>
Further	<input type="text"/>

43. Does/did the educational setting support full inclusion and social development by encouraging friendships and providing social opportunities when needed?

Pre-school	<input type="text"/>
Primary	<input type="text"/>
Secondary	<input type="text"/>
Further	<input type="text"/>

44. If not, why not?

Pre-school	<input type="text"/>
Primary	<input type="text"/>
Secondary	<input type="text"/>
Further	<input type="text"/>

45. Has your child ever been excluded/placed in isolation?

	Yes	No	Don't know
Pre-school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Further	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46. If your answer was yes, please provide your thoughts on the exclusion/isolation.

Pre-school	<input type="text"/>
Primary	<input type="text"/>
Secondary	<input type="text"/>
Further	<input type="text"/>

47. Has there ever been a threat of exclusion/being placed in isolation?

	Yes	No	Don't know
Pre-school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Further	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

48. Was/is Relationship and Sexual Education (RSE) delivered in an accessible format and at the same time as your child's peer group?

	Yes	No	Don't know
Primary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Further	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

49. Do you think that adding Down syndrome to the school census (completed by schools) will help allocate provision and resources most effectively?

- Yes
- No
- Not sure

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Education Health and Care Plans

* 50. Does your child have an Education, Health and Care Plan (EHCP) if you live in England or equivalent, such as CSP, IEP or IDP?

- Yes Previously, but no longer
 No Not sure
 In progress

51. If yes, do you think this adequately reflects your child's needs?

- Yes
 No

52. If no, why not?

53. During which stage in your child's education was the EHCP (or equivalent) initially introduced?

- Before pre-school Secondary
 Pre-school Further
 Primary

54. Was the EHCP (or equivalent) created within legal time limits?

- Yes
 No
 Don't know

55. Have you ever had to go to tribunal over your child's EHCP or equivalent?

- Yes
 No
 Threatened

56. How well is/was your child's EHCP adhered to?

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Further Education

57. Are you confident that college/further education will help your young person to get a job?

- Yes
- No
- Don't know

58. At college, are/were your young person's needs met?

- Yes
- No
- Don't know

59. Does your young person's college organise work experience?

- Yes
- No
- Don't know

60. Please give examples around work experience.

61. Is your young person's college residential?

- Yes
- No

62. If not residential, how far is college from home (miles)

63. Does your young person receive support in travelling to (non residential) college?

- Yes
- No

64. Does your young person's college organise employment assistance?

- Yes
- No
- Don't know

65. If yes, please give examples

66. Within further education, has your young person been able to access a course that could help them get a job?

- Yes
- No
- Don't know

67. Please give examples

68. Were/are mainstream courses offered as part of your young person's college education?

- Yes
- No
- Don't know

69. Are you aware of paid employment opportunities for someone with Down syndrome in your area?

- Yes
- No

70. Are you aware of further education options, post college?

- Yes
- No

71. How likely do you think your young person will be able to get paid employment doing what they want to do, given the course they're doing? (1 is not very likely, 5 is very likely)

1

2

3

4

5

72. Any further information you wish to share around any element of your child/young person's educational experience, hopes/concerns around education going forward.

73. If you are happy for us to contact you with regard to this survey, the Down Syndrome Act and guidance, please provide details.

Name

Email Address