



Questionnaire

Children on the Autistic Spectrum and Exclusion.

One issue and area of concern shown by parent members of CAPAAS and indeed other support groups throughout the county, is the subject of exclusions. We would therefore like to gather more information to enable this area of concern to be addressed.

With the following completed information we would like to make copies in triplicate and send a copy to the following, 1, for the school records, 2, for LEA's information/records, 3, for CAPAAS to complete the study,

I wish to take this opportunity to thank you for your help. If you have more than one child with autism we ask that you complete a separate questionnaire for each child concerned.

1, How old is your child?

2, Please indicate in the tick boxes provided, current educational arrangements for your child (if your child splits their time between establishments then please indicate all those provisions which apply):

a. In mainstream school with no additional support.	
b. In mainstream specific special school.	
c. In an autism specific special school.	
d. In a generalist special school.	
e. Educated at home.	
f. Not currently receiving any education.	
g. Other – please state.	

3, If your child is at school, is this provision:

Full time day.		Part time day.	
Full time residential weekly.		Full time residential termly.	

4, Looking back over the past 12 months has your child been excluded?

Yes.		No.	
If yes, how many times?			
For what periods of time?			
What reasons were given			

5, Some exclusions can be ‘informal’ or ‘unofficial’ for example a phone call during the day asking you to pick up your son or daughter before the end of the school day or at break times. Has this ever happened to you?

Yes.		No.	
If yes, how many times.			
For what periods of time.			
What were the circumstances, what were the reasons given.			
Did the school make it clear if and how they were recording the exclusion?			

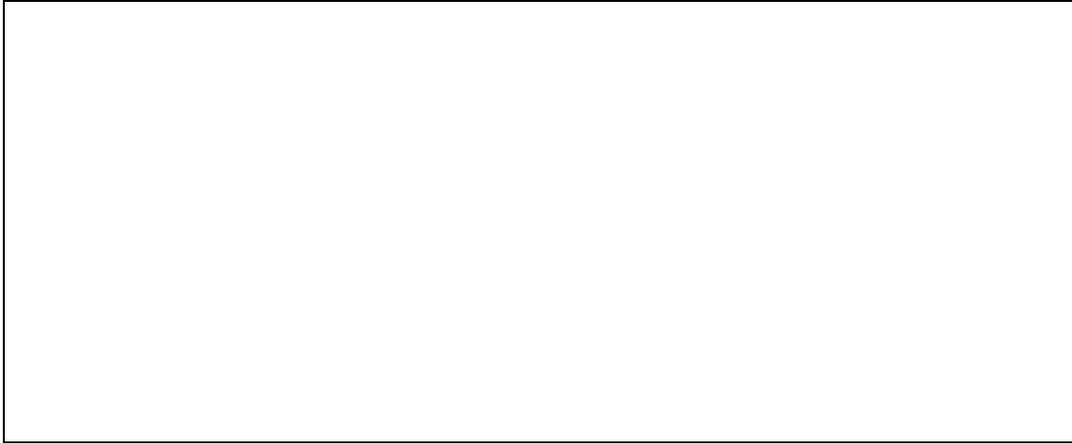
6, Can you please identify if any of these occasions relate to an event or series of events in the school calendar that are particularly difficult for your child? For instance:

The end of term.	Yes.		No.	
The start of term.	Yes.		No.	
The run up to Christmas.	Yes.		No.	
School trips.	Yes.		No.	
Inspection days.	Yes,		No.	
Sports day.	Yes.		No.	
Other -please state				

7, If the last 12 months are uncharacteristic in terms of the pattern of exclusions for your child then please tell us and also why:

8, Has your child's pattern of exclusion had any impact on your ability to work or participate in education or training? If so please give some details:

9, Any other comments – (please feel free to attach any additional sheets if necessary)



Thank you for your time, we will inform you at a later date of the results of this questionnaire/ survey.

Please return the completed questionnaire as hard copy to Steven McGuinness c/o C.A.P.A.A.S, The Sleaford Foyer, 81 Eastgate Sleaford, Lincs NG34 7EA or via email to capaas@fsmail.net