

## Return to School Questionnaire – March 2021

Name of Child \_\_\_\_\_

Form completed by \_\_\_\_\_ (Parent / Carer)

### Your Child's Lockdown Experiences

Please indicate 'Yes' or 'No' to the following questions about your child's / children's experiences during the latest national lockdown i.e. from January 2021:

	<b>Lockdown Experience</b>	Yes	No
1	Has your child or a member of your household self-isolated or quarantined at home due to suspected / identified COVID-19 (Coronavirus)? If yes, please tell us more:-	<input type="checkbox"/>	<input type="checkbox"/>
2	Has your child or significant family member been unwell? If yes, please tell us more:-	<input type="checkbox"/>	<input type="checkbox"/>
3	Has there been a bereavement in the family? If yes, please tell us more:-	<input type="checkbox"/>	<input type="checkbox"/>
4	Have any significant events occurred since your child has been off school? If yes, please tell us more:-	<input type="checkbox"/>	<input type="checkbox"/>
5	Have you had support from an agency? If yes, please tell us more:-	<input type="checkbox"/>	<input type="checkbox"/>
6	Has your child been away from a significant family member? If yes, please tell us more:-	<input type="checkbox"/>	<input type="checkbox"/>
7	Has your child had access to an outside space at home?	<input type="checkbox"/>	<input type="checkbox"/>

## Impacts of COVID-19 Outbreak on your child

Please mark 'Less', 'Same amount', or 'More' for how much the child is now engaged in the activity compared to before the COVID-19 outbreak.

	<b>Compared to before the COVID-19 outbreak, how much is your child now doing the following:</b>	Less	Same	More
1	Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Managing self-care (e.g. toileting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Spending time with other children (e.g. siblings) in play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Spending time with friends remotely (e.g., online, social media, texting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Spending time completing school work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Spending time watching TV, playing video/computer games, or using social media for educational purposes, including school work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Spending time watching TV, playing video/computer games, or using social media for non-educational purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Feeling nervous, anxious and worrying about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Becoming easily annoyed or irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Acting aggressively or violently towards others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Acting restlessly and fidgeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Clinging to adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Where you answered 'more' or 'less' please tell us more about your child's behaviour if it has significantly changed:

Thank you for taking the time to complete this form. If there are any matters which you would like to discuss in confidence with me, please let me know.

Thank you.

Nicola Slack

Headteacher