

# Lincolnshire Early Learning and Portage Support Service Parent Questionnaire

<b>Child's Name:</b>	
<b>Parent/Carer:</b>	
<b>Date</b>	

Information can be provided or signposting around the following areas:

Care Coordination / accessing benefits / support services		
I would like more information about	Circle	Notes
Coordinating professionals/services involved with my child where possible.	Yes      No	
Understanding local services and activities available to support me and my child.	Yes      No	
Understanding which financial benefits I may qualify for to support my child's special educational need/disability.	Yes      No	

We can support and model strategies in the following areas:

Your child's development		
I would like support to	Circle yes/no	Notes
Join in and play with my child successfully.	Yes      No	
Communicate more successfully with my child.	Yes      No	
Complete everyday routines and activities successfully with my child e.g. mealtimes, sleeping, bathing, dressing.	Yes      No	

Your child's development		
I would like support to	Circle yes/no	Notes
Understand my child's development and next steps in learning.	Yes      No	
Understand and be involved in planning how my child will be supported in nursery and school.	Yes      No	

Priority areas identified by parents