



Information Advice
& Support Service

Extended Evaluation

We try to provide the information, advice and support that you need. Can you help us do better?

Please take a few minutes to answer some questions for us. We really do value your feedback.

Getting in touch with us

1	How easy was it to get in touch with us?	Not easy				Very easy
		0	1	2	3	4

1b	How quickly did we respond?	Very slowly				Very quickly
		0	1	2	3	4

1c	How well do you think we understood your questions or concerns?	Not well				Very well
		0	1	2	3	4

1d How did you hear about us? (Tick all that apply)

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|---------------------------------|--------------------------|
| Leaflet about the service | <input type="checkbox"/> | Another parent or friend | <input type="checkbox"/> | The internet | <input type="checkbox"/> |
| The school, early years setting or college | <input type="checkbox"/> | The Local Offer | <input type="checkbox"/> | The Local Authority's SEND team | <input type="checkbox"/> |
| An educational psychologist or Advisory Teacher | <input type="checkbox"/> | A health professional | <input type="checkbox"/> | Social Services | <input type="checkbox"/> |
| None of these | <input type="checkbox"/> | (Please state) | | | |

The support we offered you

2 How helpful was the information, advice and support we gave you? **Very helpful**

Not helpful 0 1 2 3 4

2b Did the IASS:

	YES	NO
Return your calls/emails promptly?	<input type="checkbox"/>	<input type="checkbox"/>
Keep in touch?	<input type="checkbox"/>	<input type="checkbox"/>
Explain why decisions were made and what was happening?	<input type="checkbox"/>	<input type="checkbox"/>
Listen to your views?	<input type="checkbox"/>	<input type="checkbox"/>
Treat you with respect?	<input type="checkbox"/>	<input type="checkbox"/>
Explain who they were and what their role was?	<input type="checkbox"/>	<input type="checkbox"/>
Provide a confidential service?	<input type="checkbox"/>	<input type="checkbox"/>
Give you information and advice that met your needs?	<input type="checkbox"/>	<input type="checkbox"/>

3 How neutral, fair and unbiased do you think we were? **Very**

Not at all 0 1 2 3 4

4 What difference do you think our information, advice or support has made for you? **A great deal of difference**

No difference 0 1 2 3 4

4 Can you tell us more about the difference(s) we made for you?

b

(Please tick any that apply)

- I feel that my child's needs are better understood than they were*
- I now have a better relationship with my child's school or setting*
- I now have a better relationship with the Local Authority*
- I feel more confident*
- I have a greater understanding of the SEND Code of Practice and the arrangements that should be made for children and young people with SEN*
- I feel more involved in decisions about my child's education*
- I am happier/less worried about my child's future*

- I feel my child has benefitted as a result of the service being involved*

Please tell us of any other differences that your contact with our service has made.

5	Overall how satisfied are you with the service we gave?	Very unsatisfied					Very satisfied
		0	1	2	3	4	

5b Was there anything we could have done better?

The future

6	How likely is it that you would recommend the service to others?	Not at all likely					Extremely likely
		0	1	2	3	4	

6b Do you have any other comments about our service?

Thank you for your help.

If you are happy to discuss your comments about our service may we contact you?

Yes / No

If yes, please provide your contact details

Name:

Tel:

Email: