**WHAT WE THINK – A YOUNG PERSONS PERSPECTIVE**

**Hello, Triage is a service that is working to design and deliver better experiences and outcomes for children and young people. Please share your honest thoughts and feelings with us - nothing is out of bounds. We would like to understand your views on different aspects of your life to help to improve other children and young people’s experiences of schools and services. This document will expand as you write so please give as much or as little information as you like.**

**Its ok for someone to help you answer the questions as long as the answers are your own. Thank you**

**Section 1. When I attended primary school I experienced the following: (please tick the box that is the nearest answer)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | All of the time | Sometimes | Rarely | Not at all | Cannot remember |
| I experienced sensory overload in the classroom (for example too much noise, too bright, smelled funny) |  |  |  |  |  |
| The school uniform was really uncomfortable |  |  |  |  |  |
| The Teacher didn’t understand what I needed to learn well |  |  |  |  |  |
| Group work was difficult, I preferred to work alone or with my teaching assistant |  |  |  |  |  |
| People didn’t give me time to think about what I needed or wanted to do |  |  |  |  |  |
| I felt under pressure to finish tasks too quickly |  |  |  |  |  |
| I found it difficult to sit still and concentrate for a whole lesson |  |  |  |  |  |
| Play times were too unstructured and noisy |  |  |  |  |  |
| I enjoyed P.E and Games |  |  |  |  |  |
| I managed to get in to school and stay all day |  |  |  |  |  |

**Section 2. Please can you tell us about your experiences at Secondary School**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | All of the time | Sometimes | Rarely | Not at all |
| I experienced sensory overload in the classroom (too noisy, too bright, seating position not helpful) |  |  |  |  |
| The school uniform was really uncomfortable |  |  |  |  |
| The Teachers didn’t understand what I needed to learn well |  |  |  |  |
| People didn’t give me time to think about what I needed or wanted to do |  |  |  |  |
| Group work was difficult, I preferred to work alone or with my teaching assistant |  |  |  |  |
| I felt pressurised to finish tasks too quickly |  |  |  |  |
| Other students were not kind or supportive |  |  |  |  |
| Break and lunchtimes times were too unstructured and noisy |  |  |  |  |
| I managed to get in to school and stay all day |  |  |  |  |
| I found it difficult to go into and stay in lessons |  |  |  |  |

**Do you plan to or have you already entered further education (College, University, Apprenticeship) Yes**

**No**

**Section 3. Please can you use numbers 1-5 to share your thoughts on the following experiences (1 being really difficult and 5 being perfectly fine) you can use up to 3 decimal points if that helps**

|  |  |
| --- | --- |
|  |  |
| Social Events ( friends parties) |  |
| Family Social Events (weddings & birthdays) |  |
| Going Shopping (i.e choosing clothes) |  |
| Eating meals in a café or restaurant |  |
| Being in a shopping centre |  |
| Being out in the community with friends |  |
| Medical Appointments (doctors) |  |
| Hospital Appointments or visits to Accident & Emergency |  |
| Dental Appointments |  |
| Hair cuts etc. |  |
| Making friends and keeping them |  |
| Understanding other peoples actions and reactions |  |

**Section 4. Please tell us about 5 things you really like or enjoy (such as science fiction, the universe, arts and crafts, gaming) and 5 things you really do not like and would avoid (such as food, social events, clothing)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Things I really like and enjoy |  | Things I really do not like and will avoid |
| 1 |  | 1 |  |
| 2 |  | 2 |  |
| 3 |  | 3 |  |
| 4 |  | 4 |  |
| 5 |  | 5 |  |

**Section 5. Please tell us if you would attend a local event (such as anime or super heroes or villains event, Dr Who, relaxed performances theatre or cinema, social opportunities)**

**(please tick your answer)**

Yes

No

Maybe

**Section 6. Additional Information about you, please only answer questions you are comfortable with.**

**What age range are you (please tick your answer)**

Under 11

11 to 15

16 to 19

20 to 25

**Optional: Do you have a diagnosis or a condition that you want to tell us about please do below (such as Autism, ADHD, Physical Disability, Diabetes, OCD). If not are you waiting for this?**

|  |
| --- |
|  |
|  |
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|  |

**Optional: If you would like to provide you or your parents contact details for further information and outcomes please add in the space below**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **And FINALLY – please use this space to add anything else you would like to tell us about yourself or your experiences.**

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Thank you for sharing this information with us, if you have provided contact details we will report the outcomes back to you when all information is gathered.

**Once you have completed this questionnaire please return it to** **enquiries@dsplarea9.org.uk**