

## Young Carers Parent Questionnaire

Please complete the questionnaire and return it to the school office.

Name of Student \_\_\_\_\_ Student's DoB \_\_\_\_\_

Student's Head of Year \_\_\_\_\_

### Is there someone in your family home who is:

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| • Ill                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has a physical or learning disability | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is experiencing mental ill health     | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is affected by drug or alcohol misuse | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is affected by AIDS/HIV               | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has a sensory impairment              | <input type="checkbox"/> | <input type="checkbox"/> |

### Does your son/daughter help to care for this person, for example with:

- |  |                          |                          |
|--|--------------------------|--------------------------|
| • Personal Care – Giving medication, changing dressings, helping with mobility.  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Emotional Support – Keeping them company, making sure they are okay, monitoring their moods.   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Intimate Care – Washing, dressing and assisting with toilet requirements.  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Household Chores – Washing, cooking, cleaning, shopping, paying bills and going to the bank.   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Childcare – Help to look after siblings if the person you care for is unable to do so on occasions, take siblings to school.                         | <input type="checkbox"/> | <input type="checkbox"/> |
| • Other – Act as an interpreter at medical appointments for a family member who has communication difficulties or who's first language is not English. | <input type="checkbox"/> | <input type="checkbox"/> |

- |  |                          |                          |
|--|--------------------------|--------------------------|
| • Do you feel that your son/daughter would benefit from additional support within school eg: One to one support, homework club, young carer buddy, help around workload? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Would you like information about services available to young carers in the Borough?  | <input type="checkbox"/> | <input type="checkbox"/> |

Thank you for taking the time to complete this questionnaire.