

# Passport Back to School

\* Required

1. Email address \*

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2. Child's Name \*

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3. Q1 - Lockdown Successes and Challenges for your family \*

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4. Q2 -Lockdown Successes and Challenges for your Child \*

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5. Q3 -Lockdown Success and Challenges for you, the parent/carer \*

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6. Q4 - As a family have you been affected by COVID-19? \*

*Mark only one oval.*

Yes

No

7. If you answered yes to question 4, please make any comments below. If you answered no please type N/A in the comment box and move to question 5. \*

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8. Q5 - Has any family member or friend had COVID-19? \*

*Mark only one oval.*

Yes

No

9. If you answered yes to question 5, please make any comments below. If you answered no please type N/A in the comment box and move to question 6. \*

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10. Q6 - Have you or anyone in your household been tested for COVID-19? \*

*Mark only one oval.*

Yes

No

11. If you answered yes to question 6, please make any comments below. If you answered no please type N/A in the comment box and move to question 7. \*

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12. Q7 - Have you lost anyone close to your family during lockdown? \*

*Mark only one oval.*

Yes

No

13. If you answered yes to question 7, please make any comments below. If you answered no please type N/A in the comment box and move to question 8. \*

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14. Q8 - Has your child been out of the house/garden during lockdown? \*

*Mark only one oval.*

Yes

No

15. If you answered yes to question 8, please make any comments below. If you answered no please type N/A in the comment box and move to question 9. \*

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16. Q9 - What has your child enjoyed during lockdown? Eg: being at home, playing in the garden etc. Please include any activities your child has enjoyed the most. \*

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17. Q10 - How has your child's behaviour been during lockdown? \*

*Mark only one oval.*

At its best

At its worst

Generally ok

18. If you would like to make any comments in relation to question 10 please comment here.

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19. Q11 - How has their sleeping pattern been? \*

*Mark only one oval.*

- Normal
- Better
- Worse

20. If you would like to make any comments in relation to question 11 please comment here.

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21. Q12 - How has their eating habits been? \*

*Mark only one oval.*

- Normal
- Better
- Worse

22. If you would like to make any comments in relation to question 12 please comment here.

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23. Q13 - How has their toileting been? \*

*Mark only one oval.*

- Normal
- Better
- Worse

24. If you would like to make any comments in relation to question 13 please comment here.

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25. Q14 - Has their medication changed? \*

*Mark only one oval.*

- Yes
- No

26. If you answered yes to question 14, please let us know what has changed in the comment box below. If you answered no please type N/A in the comment box and move to question 15. \*

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27. Q15 - When your child returns to school what 3 things would you like us to work on? \*

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28. Q16 - What support do you feel your child will need when returning to school? Eg: personalised, reduced hours, visuals and anxieties considered etc. \*

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