**Education Provider Satisfaction and Feedback Questionnaire: Annual Review Process**

The LA is committed to seeking the views about the quality of service from its service users so it can identify what it is doing well and what it is we need to improve. Without your feedback this would not be possible – thank you for taking the time to complete this.

1. Please can you rate the quality of and access to information as part of the Annual Review Process by putting a tick in the relevant box

|  |  |  |
| --- | --- | --- |
| Rating | Criteria | Tick |
| **Fully satisfied** | All my questions were answered. I was able to contact the area SEN office and ask for updates. The area office provided me with feedback about this process. I understand the decision making process (to agree to amend, not amend or cease a plan) and the timescales involved. I understand the law underpinning those decisions. I feel confident that I can explain this to parents, carers CYP and wider professionals. I feel supported when I ask questions or seek advice from the LA. I am aware of who I can contact if I have further questions and where to signpost CYP and their families to for independent support and guidance. |  |
| **Partially satisfied** | Some of my questions were answered. I felt supported for some of my questions and concerns. I am aware of who I can contact if I have further questions and know where to signpost CYP and their families to for independent support and guidance. |  |
| **Not at all satisfied** | None of my questions were answered. The area office did not respond to my calls/emails and were not helpful. I do not know who I need to contact to seek further advice or how to signpost CYP and their families to independent support and guidance. |  |

**Comments**

1. If you answered ‘partially satisfied’ or ‘not at all satisfied’ please can you tell us what would have made it better – what should the LA said or done?
2. If you have any other comments about how we could improve our service please record them here
3. If you would benefit from further advice or training please provide the details below and we will arrange for a district lead to contact you

|  |  |  |
| --- | --- | --- |
| **Your name and role:**  | **Your signature:**  | **Date:** |
| **The name and type of your School:**  | **The name of the CYP:**  |
| **Area Office:**  | **District:**  |

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| **If completing electronically**Please submit form to:SENFeedback@kent.gov.uk | **Or if posting please send to:****George Austin****SEN Business Support Officer****Room 2.42****Sessions House****Maidstone****Kent ME14 1XQ** |