**Review of LIFT Questionnaire 2017**

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| **District** |  |
| **Name of School** |  |
| **Role of person completing the questionnaire** |  |

Please rate your satisfaction to the questions below on a 1 to 10 scale, with 10 being the most satisfied.

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| **1) The overall quality of service you have received from the LIFT this academic year.** | 1 2 3 4 5 6 7 8 9 10 |
| **2) Range and frequency of professionals attending the LIFT meetings.** | 1 2 3 4 5 6 7 8 9 10 |
| **3) Range of training courses offered to schools via the LIFT.** | 1 2 3 4 5 6 7 8 9 10 |
| **4) Recommendations / outcomes of the LIFT meeting for your pupils or school.** | 1 2 3 4 5 6 7 8 9 10 |
| **5) The effectiveness of the LIFT meeting to promote collaborative working and joint solution focused discussions.** | 1 2 3 4 5 6 7 8 9 10 |
| **6) Allocation of specialist support to individual pupils.** | 1 2 3 4 5 6 7 8 9 10 |
| **7) The interventions delivered and recommendations made by specialist teachers.** | 1 2 3 4 5 6 7 8 9 10 |
| **8) The support provided by LIFT to meet the needs of pupils in receipt of high needs funding.** | 1 2 3 4 5 6 7 8 9 10 |

Please rate the impact of LIFT resources (advice, interventions, recommendations, training etc), with 10 being the biggest impact, on the following;

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| **1) Impact on individual SEN pupils’ progress towards SEN Outcomes.** | 1 2 3 4 5 6 7 8 9 10 |
| **2) Impact on individual SEN pupils’ academic attainment.** | 1 2 3 4 5 6 7 8 9 10 |
| **3) Impact on your school’s capacity to meet SEND needs through quality first teaching and targeted SEN interventions.** | 1 2 3 4 5 6 7 8 9 10 |
| **4) Impact on closing the attainment gap between all pupils and SEN pupils in your school.** | 1 2 3 4 5 6 7 8 9 10 |
| **5) Impact on reducing the need for Statutory Assessment.** | 1 2 3 4 5 6 7 8 9 10 |
| **6) Impact on reducing the need for high needs funding.** | 1 2 3 4 5 6 7 8 9 10 |

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| **Please list the most effective factors of LIFT to positively impact on the capacity of your school to meet SEN needs and enable pupils with SEN to make good progress.** |  |

District Resource Questions

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| **1) Please rate your satisfaction with the use of the district resource held by the LIFT Executive.** | 1 2 3 4 5 6 7 8 9 10 |
| **2) Are you aware of the totality of funding provided to your district for SEN support?** | Yes No A little |
| **3) Is the head teacher from your school a member of the LIFT Executive within your district?** | Yes No Not known to HT |
| **4) Are you aware of the LIFT Executive District Plan and Local Offer?** | Yes No A little |
| **5) Do you have any suggestions for how the LIFT and the district resource can be more effectively used to meet the needs of the pupils with SEN in your district?** |  |

**Please list all LIFT training courses attended by staff from your school and indicate if this was individuals attending a course or training delivered to your school as whole school development.**

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|  | Individuals attended course Whole school training |
|  | Individuals attended course Whole school training |
|  | Individuals attended course Whole school training |
|  | Individuals attended course Whole school training |
|  | Individuals attended course Whole school training |
|  | Individuals attended course Whole school training |
|  | Individuals attended course Whole school training |