



ADHD Service: School Feedback Survey

1. Do you have any children in your school who are diagnosed with ADHD?

Yes*

No

*If Yes, how many?

2. How would you rate your own knowledge of ADHD?

Excellent

Good

Satisfactory

Poor

3. Where do you receive information about ADHD from? *(Please tick all that apply)*

Ed Psych

Education Dept

ADHD Paediatric Special Team (Training programme)

GP

Hospital Team

Internet

Library

Other*

*Please specify:

.

4. Do you have access in your school to resources/information to support the child/young person with ADHD?

Yes*

No

*If Yes, is it adequate?

Yes
No

Comments

“Yes”

“No”

5. From our Service, would you like more information about:

a) ADHD?

Yes*
No

*If Yes, what form should this take? *(Tick all that apply)*

Training Programme in school
Training Programme in hospital
Resource Pack
Audio tapes/DVD
Other*

Comments:

b) How to support a child/young person with ADHD?

Yes*
No

*If Yes, what form should this take? *(Tick all that apply)*

Training Programme in school
Training Programme in hospital
Resource Pack
Audio tapes/DVD
Other*

*Please specify:

Comments:

6. Do you liaise with the School Nurse with regards to difficulties you may experience with the children/young person with ADHD?

Yes
No

*If you do liaise with the School Nurse, do you find this helpful:

Yes

No

Please comment:

*If you do not liaise with the School Nurse, please explain:

7. Please give any suggestions as to how your service in school could be improved?

8. Any other comments you would like to make: