

Appendix 3

## Elective Home Education

This questionnaire provides an opportunity for you to inform the authority of the arrangements you are making for your child's education and to help you consider your aims and the resources you will need. Please complete the questionnaire as fully as possible. Your legal duty is to ensure that your child receives efficient full-time education appropriate to his/her age, ability and aptitude and any special educational needs.

Name of child \_\_\_\_\_

Date of birth \_\_\_\_\_

Name of parent/carer \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone number \_\_\_\_\_

Most recent school \_\_\_\_\_

Reason for choosing to educate your child at home \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature.....

Date.....

## **SPECIAL EDUCATIONAL NEEDS**

Does your child have any identified special educational needs?

Yes  No

Details if applicable:.....

Does your child have a Statement of SEN or an EHCP?

Yes  No

## **CURRICULUM AND PLANNING**

- i) Please outline what you would like your child to achieve during the next 12 months. Your aims may relate to social, behavioural and physical development as well as academic progress.

ii) Which of the following subject areas does your child study?

English

Mathematics

Science

Art

Modern Foreign Languages

Music

Physical Education

Religious Education

History

Geography

ICT

Technology/practical skills

Others  
(please specify)

iii) What opportunities does your child have for social interaction with other children and adults?

## RESOURCES

- i) For each subject area that your child studies, please indicate the main textbook, published course or other educational resource used.

SUBJECT

PRINCIPAL RESOURCE

ii) Additional Resources

Do you use any of the following to support your child's learning?

Computer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Local Library	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Practical Equipment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
TV and Radio	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Museums/Galleries	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sports facilities	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**TEACHING AND GUIDANCE**

i) Please list the people regularly involved in the education of your child and the areas of your planned curriculum they cover.

ii) What other guidance and support will you access to help with the delivery of your child's education?

## ORGANISATION OF LEARNING

- i) Do you use a timetable?    Yes                        No

If yes, please attach a copy or tell us how your week is organised.

Mon

Tue

Wed

Thur

Fri

Sat

Sun

If no, how many hours each week are spent on educational activities?

- ii) Where does your child's education take place?

## RECORD KEEPING

- i) Do you date and keep your child's work?

Yes                        No           

- ii) Do you record and monitor your child's progress?

Yes                        No           

- iii) Please describe any record-keeping methods you use.