

Disability Accessibility Scheme Questionnaire and Equality audit:

This questionnaire is designed to elicit your views about how Chatsworth Infant School meets your individual needs. It is being carried out as part of our review under the Equalities Act 2010.

- I am a member of staff []
- I am a parent []
- I am a governor []

Are you substantially affected by a disability in one of the following capacities? (please tick any / all which apply)

- Mobility _____ []
- Physical Co-ordination _____ []
- Manual Dexterity _____ []
- Continence / Incontinence _____ []
- Ability to lift, move, carry everyday items _____ []
- Speech / hearing impairment / sight impairment (other than corrected by prescribed corrective glasses / lenses) _____ []
- Memory or ability to learn, concentrate or understand _____ []
- Perception of risk _____ []
- Long term medical needs e.g. diabetes or epilepsy _____ []
- Mental Health (including diagnosed eating disorder and depression) _____ []
- Other (please specify) _____ []

Other may include: Asthma; Diabetes; Cancer recovery; Disfigurement; Lack of limbs; Sickle cell; Short stature; Gross Obesity; Significant Dyslexia; Epilepsy; Autism; ADHD diagnosed; Non-Verbal (non-speaking in school or work); living with someone with a dependency (drug, alcohol)

Are there any issues for you in interacting with the school in relation to your gender, race, religion, or disability?

How does the school currently meet your needs?

Are there situations which you currently find difficult?

In what ways could the school help you further?
