



## Talk and Sort Questionnaire for Parents

Name of child:

Date

Please tick the relevant boxes:

My child is confident

Strongly agree	Agree	Neither agree / disagree	Disagree	Strongly disagree

My child appears happy

Strongly agree	Agree	Neither agree / disagree	Disagree	Strongly disagree

My child enjoys learning indoors

Strongly agree	Agree	Neither agree / disagree	Disagree	Strongly disagree

My Child enjoys learning outdoors

Strongly agree	Agree	Neither agree / disagree	Disagree	Strongly disagree

My child has friends in school

Strongly agree	Agree	Neither agree / disagree	Disagree	Strongly disagree

My child behaves well in school

Strongly agree	Agree	Neither agree / disagree	Disagree	Strongly disagree

My child behaves well at Home

Strongly agree	Agree	Neither agree / disagree	Disagree	Strongly disagree

I have concerns about my child's behavior

Strongly agree	Agree	Neither agree / disagree	Disagree	Strongly disagree

Please state why you think talk and sort would be beneficial for your child and whether you think they would need group of 1:1 sessions.

Name of parent: \_\_\_\_\_ Signed: \_\_\_\_\_