**Questionnaire**

* **Please fill in the questionnaire in BLACK INK.**
* **Answer all questions that are applicable to you.**
* **If a mistake has been made, please put a line through it and write your answer on the side or tick the appropriate box.**

1) Are you? Female Male

2) Is your age between 18-25 25-30 30-35 35-40 40 and Over

3) Is your child? Male Female

4) Is your child’s age between 2-3yrs 3-5yrs 5-10yrs 10-16yrs?

5) What educational setting is your child placed in? Early years setting private day care

 Mainstream school special needs school other ( (please specify)

 6) How long has it been since your child has been diagnosed with autism? 1-2 years

 2-3yrs 3-4yrs more than 5 yrs awaiting diagnosis

 7) As parents/parent do u feel you have been given enough guidance and support from your GP and other health practitioners since your child’s diagnosis? Yes No

 8) If your answer was a NO to the question above, could you please specify here why this

 was the case? (Otherwise please leave blank)

 9) Since your child’s diagnosis, has your child’s educational setting and their practitioners given you enough support and guidance on how to support your child at home? Yes No

 10) If your answer was a NO to the above question, could you please state here why you think you

 may not have received the support and guidance from your child’s setting and practitioners that

 you needed (otherwise please leave blank)

11) If there was anything you would like to change since your child’s diagnosis, what would that be?

**Thank you very much for taking the time out to complete this questionnaire.**

Participant’s email address: ..........................................................................

Participant’s contact number: .............................................................................