EBSNA Framework: Parent/Carer Form

Young person's full name	
Date of birth	
School	
School year	
Completed by	
Relationship to Young person	
Date of completion	

Young person's strengths

What do you think they are good at? What activities do they seem to enjoy?

When have they had good attendance at school? (e.g. year/age)

What helps with their attendance?

Do they have friends and who are they?

Which adult in school do you think they trust?

What is stopping my child from going to school?			
Worry		**YP's health and wellbeing**	
Certain areas of school	☐	Migraines	☐
Being bullied	☐	Sight or hearing problems	☐
Having a panic attack	☐	Speech and language difficulties	☐
Public transport	☐	Severe period pain	☐
Getting into trouble	☐	Anxiety	☐
Finding the work difficult	☐	Allergies	☐
Socialising with other people	☐		

Social factors	
I think my child is being bullied	☐
I think my child is lonely and is having friendship difficulties	☐
My child has recently fallen out with someone	☐
My child is having problems involving social media or cyberbullying	☐
My child has said they struggle at lunch and break times	☐

Lessons and Learning	
My child is having difficulties with a particular lesson/subject	☐
My child worries that teachers will get angry or lose patience with them	☐
My child is worried about doing PE or getting changed for PE	☐
My child finds the work too hard/ too easy	☐
My child has difficulties with certain school rules	☐
My child is worried about exams	☐

Things at home	
I, or another parent or carer, has physical or mental health problems	☐
My child sometimes needs to look after me or their brothers and sisters due to illness	☐
I worry a lot about the physical and mental health of my child	☐
We have had recent changes and/or stressful things to cope with at home (e.g., death of a family member, serious illness, burglary, job loss, money worries)	☐
My child feels worried about being away from me – they find it distressing when we separate	☐
I find it hard to get my child to school in the mornings for practical reasons (e.g., other children with additional needs, transport issues, health problems)	☐

Do you think any of these things stop your child getting back to school?	
At home my child can use their phone, play computer games, watch TV	☐
My child is influenced by friends who are also off school	☐
They have a brother or sister who are at home during the day	☐
They work and earn money while they are out of school	☐
They get extra attention from, and time with me	☐
They can completely control their environment at home (e.g., what they wear, when they go to bed or get up, etc.)	☐

I know or am worried my child might be:	
Involved in gang activities	☐
Part of a radical religious or nationalist group	☐
At risk of being sexually exploited by someone older than them	☐
Involved in too much gaming/online gaming	☐

Other things that make it harder for my child to go back to school	
They have lost touch with their friends	☐
I am concerned that the school won't let my child leave if they need to	☐
My child feels safer at home than at school	☐
I think my child will struggle to catch up with schoolwork that they have missed	☐
My child goes to bed late or sleeps badly and has trouble waking up early. They feel tired and sometimes sleep during the day.	☐

The relationship with my child's school is strained/broken down	☐
Is there anything else that stops your child going to school?	
Look at the reasons you have ticked – which are the most important that prevent your child from going to school?	