

School attendance and home learning experiences of children with autism or intellectual disability a year after the COVID-19 pandemic

Qualtrics Survey [including study consent form]

Start of Block: Consent form

Please complete this **CONSENT FORM FOR PARENTS** Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research. Title of Study: **School attendance and home learning experiences of children with autism or intellectual disability a year after the COVID-19 pandemic** Department: Division of Psychiatry, UCL **Name and Contact Details of the Researcher:** Ms Nancy Kouroupa, athanasia.kouroupa.12@ucl.ac.uk **Name and Contact Details of the Principal Researcher:** Dr Vaso Totsika, v.totsika@ucl.ac.uk **Name and Contact Details of the UCL Data Protection Officer:** Alex Potts, data-protection@ucl.ac.uk This study has been approved by the UCL Research Ethics Committee. Project ID number: 20633/001. The data registration reference is Z6364106/2021/05/25. Thank you for considering taking part in this research. The person organising the research must explain the project to you before you agree to take part. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. I confirm that I understand that by ticking each box below I am consenting to this element of the study. I understand that it will be assumed that unticked boxes means that I DO NOT consent to that part of the study. I understand that by not giving consent for any one element that I may be deemed ineligible for the study.



Consent form Note: If I agree to clauses 1-11, I am able to participate in the survey. Agreeing to clause 12 is optional: I can still participate in the survey if I do not agree to it.

1. I confirm that I have read and understood the Information Sheet for the above study. I have had an opportunity to consider the information and what will be expected of me. I have also had the opportunity to ask questions which have been answered to my satisfaction and would be happy to take part in an online survey. **2.** I understand that my (and my child's) personal information (*ethnicity and health information*) will be used for the purposes explained to me. I understand that according to data protection legislation, the lawful basis for processing personal data is the performance of a task in the public interest. I understand that the lawful basis used to process special category personal data is to conduct scientific research. **3.** Use of the information for this project only: I understand that all personal information will remain confidential and that all efforts will be made to ensure I cannot be identified. I understand that confidentiality may be limited and conditional given that researchers have a duty to report to the relevant authorities possible harm / danger to participants or others if participants decide to disclose their identity without being asked and disclose harm or risk of harm. I understand that my data gathered in this study will be stored anonymously and securely. It will not be possible to identify me or my child in any publications. **4.** I understand that my information may be subject to review by responsible individuals from the University (to include sponsors and funders) for monitoring and audit purposes. **5.** I understand that my participation is voluntary and completely anonymous. I am free to withdraw at any time without giving a reason, without the care I receive or my legal rights being affected. I understand that if I decide to withdraw, any data I have provided up to that point will not be possible to be deleted because I will not have provided any identifying personal information. I understand that if I have provided anonymous consent and no other data, my information will be deleted. **6.** I understand the potential risks of participating and where I can access support if I become distressed during the course of the research. **7.** I understand that I will not benefit financially from this study or from any possible outcome it may result in the future. **8.** I agree that my anonymised research data will be kept by researchers beyond the end of this study and for at least 10 years in line with UCL's policy for data retention. I agree that my anonymised data may be used by others for future research. No one will be able to identify you when this data is shared. **9.** I understand that the information I have submitted will be published as a report and I know where to find the researchers if I want to request copies of publications. **10.** I hereby confirm that I understand the inclusion criteria as detailed in the Information Sheet and/or explained to me by the researcher. **11.** I am aware of who I should contact if I wish to lodge a complaint. (1)

12. Use of information for beyond the end of the study: I understand that beyond the end of the study, the research funder (ESRC) may require study data to be deposited with UK Data Archive for future re-use by other researchers. I understand that UCL researchers will further protect my data before sharing. I would be happy for the data I provide to be archived at UK Data Archive. I understand that other authenticated researchers will have access to my anonymised data. (52)

End of Block: Consent form

Start of Block: About you



Q1 The School Attendance and Home Learning Experiences Survey

A. Questions about your child with a neurodevelopmental condition

1. About you

Please indicate what best describes your relationship to the child

Mother (biological, foster, adoptive, step) (1)

Father (biological, foster, adoptive, step) (2)

Grandmother (3)

Grandfather (4)

Brother (5)

Sister (6)

Other, please specify (7)

End of Block: About you

Start of Block: About the child

Q2 2. Child with Neurodevelopmental Condition

2a. Has your child been diagnosed by a professional to have any of the following conditions?
Select any that apply.

- Learning disability or intellectual disability (1)
- Developmental Delay or Global Developmental Delay (2)
- Autism or Autistic Spectrum Disorder (3)
- Asperger's Syndrome or High Functioning Autism (4)
- Down Syndrome (5)
- ADHD (6)
- Motor Disorders (e.g., tics, Tourette's, developmental coordination disorder) (7)
- Cerebral palsy (8)
- Specific Learning Difficulty (e.g., dyslexia or dyspraxia or dyscalculia) (9)
- Communication disorder (e.g., any language disorder, social communication disorder) (10)
- Foetal Alcohol Syndrome (FASD) (12)
- A genetic neurodevelopmental syndrome (e.g., Fragile X, Williams syndrome, Rett syndrome, Angelman syndrome, Smith-Magenis, Lesch-Nyhan, Cornelia de Lange, Cri du Chat, Sotos syndrome) (11)

Page Break



Q3 2b. Does your child with a neurodevelopmental condition have one of the following? Select as appropriate.

	Yes (1)	Currently being developed (2)	Applied but did not get one - Did not apply (3)
Education, Health and Care (EHC) plan (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual Development Plan (IDP) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Co-ordinated support plan (CSP) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education Otherwise Than At School (EOTAS) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break



Q4 3. Child's age

How old was your child at their most recent birthday?

5 (5)

6 (6)

7 (7)

8 (8)

9 (9)

10 (10)

11 (11)

12 (12)

13 (13)

14 (14)

15 (15)

Page Break

Q5 4. Gender

How would you describe your child's gender?

Male (1)

Female (2)

Another gender (3)

Prefer not to say (4)

Page Break

Q6 5. Child Health

5a. Does your child currently have any of the following health conditions?

- Blind or visual impairment (1)
- Deaf or significant hearing impairment (2)
- Epilepsy (experiencing seizures over the past 12 months) (3)
- Mobility problems (e.g., uses a wheelchair, has difficulty walking) (4)
- Dysphagia/eating disorder (5)
- Cystic fibrosis (6)
- Heart condition (7)
- Asthma or other chronic respiratory problem (8)
- Cancer (9)
- Crohn's disease (10)
- Diabetes (11)
- Obesity (12)

Page Break



Q7 5b. During the past 18 months, has your GP (or other NHS professional) told you that your child is Clinically Extremely Vulnerable?

Yes (1)

No (2)

Prefer not to say (3)

Q8 5c. During the past 18 months, has your GP (or other NHS professional) advised your child to shield (during the coronavirus pandemic) at any point?

Yes (1)

No (2)

Prefer not to say (3)

Page Break

Display This Question:

If Q8 = 1

Q9 5d. When did your child shield?

	Less than 50% of this period (1)	Over 50% of this period or the whole time (2)
March – June 2020 (1)	<input type="radio"/>	<input type="radio"/>
July – August 2020 (2)	<input type="radio"/>	<input type="radio"/>
September – December 2020 (3)	<input type="radio"/>	<input type="radio"/>
January 2021 – April 2021 (4)	<input type="radio"/>	<input type="radio"/>
May 2021 - present (5)	<input type="radio"/>	<input type="radio"/>

Page Break

Q17 6. Child lives with family

6a. Does your child normally live with you...

Full-time (1)

Part of the time *Please indicate the approximate number of **days** (e.g., 2) that your child lives with you on a weekly basis.* (2)

Page Break

Q19 6b. Which of the following best describes the household in which your child is presently living?

At home with two (or more) parents or carers (1)

At home with a sole parent or carer (2)

Page Break



Q21 6c. *What is the total number of children in the household including this child?*

1 (4)

2 (5)

3 (6)

4 (7)

5 (8)

6 (9)

7 (10)

8 (11)

9 (12)

10 (13)

11 (19)

12 (20)

13 (21)

14 (22)

15 (23)

Page Break

Q16 7. Country of residence

Where does your child live?

England (1)

Scotland (2)

Wales (3)

Northern Ireland (4)

Page Break

Q17 8. *What is your child's ethnicity?*

- White - English / Welsh / Scottish / Northern Irish / British (1)
- White - Irish (2)
- White - Gypsy or Irish Traveller (3)
- Another white background (4)
- Mixed / multiple ethnic groups - White and Black Caribbean (5)
- Mixed / multiple ethnic groups - White and Black African (6)
- Mixed / multiple ethnic groups - White and Asian (7)
- Another Mixed/ multiple ethnic background (8)
- Asian/Asian British - Indian (9)
- Asian/Asian British - Pakistani (10)
- Asian/Asian British - Bangladeshi (11)
- Asian/Asian British - Chinese (12)
- Another Asian background (13)
- Black / African / Caribbean / Black British - African (14)
- Black / African / Caribbean / Black British - Caribbean (15)
- Another Black / African / Caribbean background (16)
- Other Ethnic Group - Arab (17)
- Another ethnic group (18)

Prefer not to say (19)

Page Break



Q18 9. Developmental Behaviour Checklist (DBC2-Parent) (Gray et al., 2018) Below is a list of behaviours that describe some individuals. Please read each item carefully and rate how well it describes the behaviour of your child (**currently and over the past 6 months**). Select only one response according to the guidelines below. Please provide a response to every item.

	Not true as far as I know/Not applicable to my child (0)	Somewhat True or Sometimes True (1)	Often True or Very True (2)
1. Cries easily for no reason or over small things. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Covers ears or is distressed when hears particular sounds. Please describe: (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Is distressed about being alone. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Is excessively distressed if separated from familiar person. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Fears particular things or situations (e.g. the dark, insects). (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Is a picky eater. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Has nightmares, night terrors or walks in his or her sleep. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Has a loss of appetite. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Hyperventilates, vomits, has headaches or complains of being sick for no physical reason. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Is shy. (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Is tense, anxious,
or worried. (12)

12. Is upset and
distressed over small
changes in routine or
environment. (13)

Q189

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Q19 10. Strengths and Difficulties Questionnaire (© Robert Goodman, 2005) For each item, please tick the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the **last six months or this school year**.

	Not true (0)	Somewhat True (1)	Certainly True (2)
Considerate of other people's feelings (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restless, overactive, cannot stay still for long (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Often complains of headaches, stomach-aches or sickness (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shares readily with other children (treats, toys, pencils etc.) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Often has temper tantrums or hot tempers (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rather solitary, tends to play alone (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generally obedient, usually does what adults request (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Many worries, often seems worried (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helpful if someone is hurt, upset or feeling ill (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constantly fidgeting or squirming (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has at least one good friend (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Often fights with other children or bullies them (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Often unhappy, down-hearted or tearful (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generally liked by other children (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Easily distracted, concentration wanders (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervous or clingy in new situations, easily loses confidence (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kind to younger children (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Often lies or cheats (18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Picked on or bullied by other children (19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Often volunteers to help others (parents, teachers, other children) (20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinks things out before acting (21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Steals things from home, school or elsewhere (22)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gets on better with adults than with other children (23)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Many fears, easily scared (24)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sees tasks through to the end, good attention span (25)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: About the child

Start of Block: School/Home Learning

Learning B. Questions about school and learning

*During **May 2021**, was your child registered with a school?*

Yes (1)

No (2)

End of Block: School/Home Learning

Start of Block: Learning - Registered to school

Display This Question:

If Learning = 1

Q21 BA. Questions about school and learning (School Registered Children)

1. Type of school

*What type of school did your child attend in **May 2021**? Select the school where your child is expected to spend most of their time.*

1. Mainstream classroom in mainstream school (1)

2. Specialist unit/classroom in mainstream school (2)

3. Special School – day time only (3)

4. Special Residential school (4)

5. School in a hospital (5)

6. Pupil Referral Unit (6)

7. Alternative Online School (7)

8. Alternative Provision Academy (8)

9. Alternative Provision Free School (9)

Display This Question:

If Q21 = 5

Or Q21 = 6

Or Q21 = 7

Or Q21 = 8

Or Q21 = 9

Q22 1a. Please indicate the main reason your child is in alternative provision or a Pupil Referral Unit.

Ill Health (1)

Permanent exclusion (2)

At risk of exclusion (3)

Display This Question:

If Q22 = 3

Q23 1b. Was the move to alternative provision the result of a managed move*?

*‘Managed move’ is the transfer of a student from one school to another with the voluntary consent of all parties involved, including the parent.

Yes (1)

No (2)

Display This Question:

If Q22 = 3

Q87 1c. Please add more if you wish.

Page Break

Q24 2. *Where is your child's school?*

England (1)

Scotland (2)

Wales (3)

Northern Ireland (4)

Display This Question:

If Q24 = 1

Or Q24 = 3

Q25 2a. Child's school year - Select the class that matches your child's class as closely as possible.

	England/ Wales (1)
<input type="checkbox"/> Reception (approx. age 5 years old) (1)	<input type="checkbox"/>
<input type="checkbox"/> Year 1 (approx. age 6 years old) (2)	<input type="checkbox"/>
<input type="checkbox"/> Year 2 (approx. age 7 years old) (3)	<input type="checkbox"/>
<input type="checkbox"/> Year 3 (approx. age 8 years old) (4)	<input type="checkbox"/>
<input type="checkbox"/> Year 4 (approx. age 9 years old) (5)	<input type="checkbox"/>
<input type="checkbox"/> Year 5 (approx. age 10 years old) (6)	<input type="checkbox"/>
<input type="checkbox"/> Year 6 (approx. age 11 years old) (7)	<input type="checkbox"/>
<input type="checkbox"/> Year 7 (approx. age 12 years old) (8)	<input type="checkbox"/>
<input type="checkbox"/> Year 8 (approx. age 13 years old) (9)	<input type="checkbox"/>
<input type="checkbox"/> Year 9 (approx. age 14 years old) (10)	<input type="checkbox"/>
<input type="checkbox"/> Year 10 (approx. age 15 years old) (11)	<input type="checkbox"/>

Display This Question:

If Q24 = 2

Q26 2b. Child's school year - Select the class that matches your child's class as closely as possible.

	Scotland (1)
<input type="checkbox"/> P1 (approx. age 5 years old) (1)	<input type="checkbox"/>
<input type="checkbox"/> P2 (approx. age 6 years old) (2)	<input type="checkbox"/>
<input type="checkbox"/> P3 (approx. age 7 years old) (3)	<input type="checkbox"/>
<input type="checkbox"/> P4 (approx. age 8 years old) (4)	<input type="checkbox"/>
<input type="checkbox"/> P5 (approx. age 9 years old) (5)	<input type="checkbox"/>
<input type="checkbox"/> P6 (approx. age 10 years old) (6)	<input type="checkbox"/>
<input type="checkbox"/> P7 (approx. age 11 years old) (7)	<input type="checkbox"/>
<input type="checkbox"/> S1 (approx. age 12 years old) (8)	<input type="checkbox"/>
<input type="checkbox"/> S2 (approx. age 13 years old) (9)	<input type="checkbox"/>
<input type="checkbox"/> S3 (approx. age 14 years old) (10)	<input type="checkbox"/>
<input type="checkbox"/> S4 (approx. age 15 years old) (11)	<input type="checkbox"/>

Display This Question:

If Q24 = 4

Q27 2c. *Child's school year - Select the class that matches your child's class as closely as possible.*

	Northern Ireland (1)
<input type="checkbox"/> Year 1 (approx. age 5 years old) (1)	<input type="checkbox"/>
<input type="checkbox"/> Year 2 (approx. age 6 years old) (2)	<input type="checkbox"/>
<input type="checkbox"/> Year 3 (approx. age 7 years old) (3)	<input type="checkbox"/>
<input type="checkbox"/> Year 4 (approx. age 8 years old) (4)	<input type="checkbox"/>
<input type="checkbox"/> Year 5 (approx. age 9 years old) (5)	<input type="checkbox"/>
<input type="checkbox"/> Year 6 (approx. age 10 years old) (6)	<input type="checkbox"/>
<input type="checkbox"/> Year 7 (approx. age 11 years old) (7)	<input type="checkbox"/>
<input type="checkbox"/> Year 8 (approx. age 12 years old) (8)	<input type="checkbox"/>
<input type="checkbox"/> Year 9 (approx. age 13 years old) (9)	<input type="checkbox"/>
<input type="checkbox"/> Year 10 (approx. age 14 years old) (10)	<input type="checkbox"/>
<input type="checkbox"/> Year 11 (approx. age 15 years old) (11)	<input type="checkbox"/>

Page Break

Q28 3. School Attendance

During May 2021 (any time between **Tuesday 4th May and Friday 28th May 2021**), were there any weekdays that your child missed any amount of school (for any reason)? If you select Yes, you will be able to say why your child did not attend school.

*Please note that by **missing school** we mean either not going to school or not attending online lessons if schooling was happening remotely.*

Yes (1)

No (2)

Skip To: End of Block If Q28 = 2

Page Break

Q161 *Students may miss school for all sorts of reasons. We would like to understand the reason(s) your child missed school. Please select all the weekdays between **4 and 28 May 2021** when your child was absent from school for any period of the day (your diary or calendar may help you remember).*

- Tuesday 4th May (4)
- Wednesday 5th May (5)
- Thursday 6th May (6)
- Friday 7th May (7)
- Monday 10th May (8)
- Tuesday 11th May (9)
- Wednesday 12th May (10)
- Thursday 13th May (11)
- Friday 14th May (12)
- Monday 17th May (13)
- Tuesday 18th May (14)
- Wednesday 19th May (15)
- Thursday 20th May (16)
- Friday 21st May (17)
- Monday 24th May (18)
- Tuesday 25th May (19)
- Wednesday 26th May (20)
- Thursday 27th May (21)

Friday 28th May (22)

End of Block: Learning - Registered to school

Start of Block: After SNACK

Q33 4. Going to school (when schools are open): what makes it difficult or easy?
Please list up to 3 things that get in the way of going to school / make it difficult to go to school.

1 (1) _____

2 (2) _____

3 (3) _____

Q32 *Please list up to 3 things that make it easier for your child to go to school.*

1 (1) _____

2 (2) _____

3 (3) _____

Page Break _____

Q34 5. Your relationship with your child's teacher(s) *The following statements are about your relationship with your child's teacher(s). Please answer the statements by ticking the appropriate box for the following statements.*

	Not at all (1)	A little (2)	Some (3)	A lot (4)	A great deal (5)
I enjoy talking with my child's teacher (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel my child's teacher cares about my child (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think that my child's teacher is interested in getting to know me (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel uncomfortable talking with my child's teacher about my child (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel my child's teacher pays attention to my suggestions (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I ask my child's teacher questions or make suggestions about my child (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q83 *Parent-Teacher Relationship from Parent Teacher Involvement Questionnaire - Brief Form*
(Kohl et al., 2000)

Page Break

Q35 6. During the lockdown between **January and March 2021**, did your child have to learn from home?

YES, my child was learning from home throughout this period (1)

YES, my child was learning from home some days or weeks but also went into school some days or weeks during this period (2)

NO, my child was going into school during this lockdown every day (3)

Skip To: End of Block If Q35 = 3

Display This Question:

If Q35 = 1

Or Q35 = 2

Q36 6a. Please select what support your child received from school with home learning between January and March 2021? Select all that apply.

- The school offered lessons online – full day or almost full day (1)
- The school offered some lessons online – every week (2)
- The school sent material and homework through email or online platform (e.g., Microsoft Teams, Google Classroom, or similar) (3)
- The school offered us printouts of materials and homework (they dropped them off at our house, or we picked them up from school) (4)
- The school did not offer any materials or homework or online lessons (5)
- The teacher called us on the phone at least once while my child was learning from home (6)
- The teacher met with my child online at least once while my child was learning from home (7)
- The school made no contact with my child (or me) (8)
- The school created opportunities where my child could interact with their peers, for example online (9)

Page Break

Display This Question:

If Q35 = 1

Or Q35 = 2

Q37 6b. What did you need for your child's home education during that period? Select as appropriate.


	Needed and our family had access (1)	Needed but we did not have access (2)	School provided item (3)
Laptop, computer or tablet (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smart phone (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printer (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internet access/data (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headphones (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special software (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Webcam (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Desk/Table (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other specialist equipment (e.g., special chair, books, special music equipment) (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Q38 7. On a scale of 1-10, how satisfied are you with the support you and your child received from school between **January and March 2021** while your child was learning from home?

Extremely dissatisfied Extremely satisfied

1 2 3 4 5 6 7 8 9 10

Rating ()	
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End of Block: After SNACK


Start of Block: Satisfaction scale

Q84 8. *Satisfaction with school support*

On a scale of 1-10, how satisfied are you with how your child's school managed the challenges of COVID-19 this school year?

Extremely dissatisfied Extremely satisfied

1 2 3 4 5 6 7 8 9 10

Rating ()	
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Q188 *If you would like to add anything, please do so here.*

End of Block: Satisfaction scale

Start of Block: Family Functioning

Q59 C. Questions about you and your family 1. Family Functioning (*De Haan et al., 2015*) Please select a response which best indicates how much you agree or disagree with the 6 statements below concerning your family. Select only 1 response per question.

	Strongly Agree (1)	Agree (2)	Disagree (3)	Strongly Disagree (4)
In times of crisis we can turn to each other for support (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals are accepted for what they are (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We can express feelings to each other (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We feel accepted for what we are (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We are able to make decisions about how to solve problems (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We confide in each other (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Q188 2. Family Life (McConnell et al., 2016) Please select a response which best indicates how much you agree or disagree with the statements below concerning your family. Select only 1 response per question.

	Strongly Agree (1)	Agree (2)	Disagree (3)	Strongly Disagree (4)
We are able to do things together that are important to us (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We exist: any hopes or dreams we had now seem out of reach (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am creating the life that I want for my children (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We are trapped by our daily routine (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel trapped by my duties as a parent and a caregiver (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often worry that I don't spend enough quality time with my other children / family members (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often worry that my other children / family members are missing out (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our family routine revolves around our child with a neurodevelopmental condition (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, we are able to balance the needs and wants of each family member (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break



Q61 3. *What was your age at your most recent birthday?*

- 16 (16)
- 17 (17)
- 18 (18)
- 19 (19)
- 20 (20)
- 21 (21)
- 22 (22)
- 23 (23)
- 24 (24)
- 25 (25)
- 26 (26)
- 27 (27)
- 28 (28)
- 29 (29)
- 30 (29)
- 31 (31)
- 32 (32)
- 33 (33)
- 34 (34)
- 35 (35)
- 36 (36)

- 37 (37)
- 38 (38)
- 39 (39)
- 40 (40)
- 41 (41)
- 42 (42)
- 43 (43)
- 44 (44)
- 45 (45)
- 46 (46)
- 47 (47)
- 48 (48)
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- 87 (87)
- 88 (88)
- 89 (89)
- 90 (90)
- 91 (91)
- 92 (92)
- 93 (93)
- 94 (94)
- 95 (95)
- 96 (96)
- 97 (97)
- 98 (98)
- 99 (99)

Q62 4. *How would you describe your gender?*

Male (1)

Female (2)

Another gender (3)

Prefer not to say (4)

Page Break

Q63 5. *What is the highest level of qualification you have completed?*

No qualifications (1)

Some GCSE passes or equivalent (2)

5 or more GCSE at A*-C levels (3)

A/AS Levels (4)

Higher Education but below degree level (e.g., HND, HNC) (5)

Bachelor's Degree (e.g., BA, BSc) or higher (e.g., MA, MSc, PhD etc) (6)

Page Break

Q64 6. Do you have a longstanding illness, disability or infirmity (by longstanding we mean anything that has troubled you over a period of time or that is likely to affect you over a period of time)?

Yes (1)

No (2)

Prefer not to say (3)

Page Break

Q65 7. *During the past 18 months, has your GP (or other NHS professional) told you that you are Clinically Extremely Vulnerable?*

Yes (1)

No (2)

Prefer not to say (3)

Q66 8. *During the past 18 months, has your GP (or other NHS professional) advised someone else who lives in your household (not you or your child) that they are Clinically Extremely Vulnerable?*

Yes (1)

No (2)

Prefer not to say (3)

Page Break

Q68 9. *What is your current work status?*

- Employed full time (30+ hours/week) (1)
- Employed part-time (or variable hours) (2)
- Employed but on maternity/paternity leave, sick leave, or furlough (3)
- Not working and looking for work (4)
- Not working and not looking for work (5)

Page Break

Q81 10. *If there is at least one other adult (18+ years) in the household, what is their work status?*

- Employed full time (30+ hours/week) (1)
- Employed part-time (or variable hours) (2)
- Employed but on maternity/paternity leave, sick leave, or furlough (3)
- Not working and looking for work (4)
- Not working and not looking for work (5)
- Not applicable, no other adult in the household (6)

Page Break

Q69 11. *How well would you say your family is managing financially these days? Would you say you are...*

1. Living comfortably (1)

2. Doing alright (2)

3. Just about getting by (3)

4. Finding it quite difficult (4)

5. Finding it very difficult (5)

Page Break



Q67 12. Pandemic anxiety scale (*McElroy et al., 2020*) Last, the following questions will ask about how you are feeling currently about the COVID-19 outbreak. Tick the box that best reflects how strongly you agree with each statement.

	Strongly disagree (0)	Disagree (1)	Neither agree nor disagree (2)	Agree (3)	Strongly agree (4)
1. I'm worried that I will catch COVID-19 (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I'm worried that family and friends will catch COVID-19 (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I'm afraid to leave the house right now (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I'm worried I might transmit the infection to someone else (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I'm worried about missing school/work (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I'm worried about the amount of money we have coming in (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I'm worried about the long-term impact this will have on my job prospects and the economy (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Family Functioning

Start of Block: Loop Block

Q184

How long was the child absent for on *#{m://Field/1}*?

The whole day (1)

Half the day (2)

Less than half the day (3)

Q186

School Non-Attendance Checklist (Heyne et al., 2019)

Which reason best explains the absence on *{Im://Field/1}*?

MY CHILD had an appointment (e.g., a doctor's appointment; an appointment with a specialist) (1)

MY CHILD was sick (e.g., had a cold or flu; had asthma; was in hospital) (2)

MY CHILD was reluctant or refused (e.g., he/she said it was hard to go to school or stay there the whole day; he/she seemed upset/anxious/ scared about school) (3)

MY CHILD skipped/wagged/truanted (e.g., he/she headed to school but did not arrive there; he/she left the school without permission) (4)

I OR MY PARTNER gave my child a day off (e.g., to give him/her a rest) (5)

I OR MY PARTNER kept my child home for other reasons (e.g., so he/she could help out at home; because school is not helping him/her) (6)

I OR MY PARTNER arranged extra holidays (e.g., to take a family holiday during school-time) (7)

OUR FAMILY had an urgent situation (e.g., a funeral; someone in the family was taken to hospital) (8)

OUR FAMILY had other difficulties (e.g., the car broke down; someone in the family had a medical appointment) (9)

OUR FAMILY had a religious holiday or cultural observance (e.g., end of Ramadan; Jewish holidays; Buddha day/Vesak) (10)

THE SCHOOL was closed (e.g., public holiday/bank holiday/term holidays; curriculum day/teacher training day/ teacher strike; school problem such as failed heating) (11)

THE SCHOOL sent my child home due to his/ her behaviour (e.g., he/she was suspended or expelled from school; he/she was asked to leave school for the remainder of the day) (12)

THE SCHOOL asked that my child stay away from school (e.g., because the school could not take care of my child's needs; because the school could not keep my child safe at school) (13)

WEATHER CONDITIONS (e.g., snow, floods; fire) (14)

COVID-19 (e.g., my child was shielding/isolating; someone in our family was shielding) (15)

COVID-19 SCHOOL (e.g., the school was shut due to COVID-19; the whole class year was isolating; the school asked that we keep our child at home because of the school difficulties with class bubble size, transportation or staff members) (16)

Something else, please describe in the space provided (17)

End of Block: Loop Block

Start of Block: March 2020

Display This Question:

If Learning = 2

March 2020 **BB. Questions about school and learning (Elective Home Education Children)**

Was your child registered with a school in **March 2020**?

Yes (1)

No (2)

Skip To: End of Block If March 2020 = 1

End of Block: March 2020

Start of Block: School de-registered prior to March 2020

Display This Question:

If March 2020 = 2

Q49 BB2. SCHOOL DE-REGISTERED CHILDREN that were DE-REGISTERED in MARCH 2020

My child has never been registered with a school.

Yes, my child was never registered with a school (1)

No, my child was registered with a school at some point (2)

Skip To: End of Block If Q49 = 2

End of Block: School de-registered prior to March 2020

Start of Block: Month & year deregistered

JS

Q188 1. When did you de-register your child from school?

	Month										
	January (1)	February (2)	March (3)	April (4)	May (5)	June (6)	July (7)	August (8)	September (9)	October (10)	November (11)
Please Select: (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

X→

Q51 1a. Why did you de-register your child? Please select all that apply.

- I did not feel my child was safe from COVID-19 at school (1)
 - I did not feel the school provided a good education to my child (2)
 - My child was unhappy at the school (3)
 - My child did not want to go to that school (4)
 - My child's mental health had deteriorated (5)
 - I felt that I could provide a better education for my child at home (6)
 - My child's additional needs were not met sufficiently in the school (7)
 - The school had off-rolled* my child **Off-rolling is the practice of removing a pupil from the school roll without using a permanent exclusion when the removal is primarily in the best interests of the school, rather than the best interests of the pupil. This includes pressuring a parent to remove their child from the school roll (Ofsted Definition).* (8)
 - The school told me my child was at risk of exclusion (9)
 - The school had permanently excluded my child (10)
 - I felt pressured from the school to remove my child (11)
 - Other, please describe (12)
-

End of Block: Month & year deregistered

Start of Block: Waiting for school placement

Q52 2. Are you currently awaiting a place for a school?

- Yes (1)
- No (2)

End of Block: Waiting for school placement

Start of Block: Learning for Deregistered in March 2020

Q53 3. How do you support your child's learning from home? Select any that apply.

	Every day (1)	Several times a week (2)	Once a week (3)	Monthly (4)	Less frequently (5)
I teach or support my child with their learning (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Another parent or family member teaches or supports my child with their learning (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A sibling teaches or supports my child with their learning (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A private tutor teaches my child (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching is provided by an online school or online programme (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Q54 4. What do you need for your child's home learning? Select as appropriate.

	Needed and our family has access (1)	Needed but we do not have access currently (2)	We have access but we need more or better quality (3)
Laptop, computer or tablet (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smart phone (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printer (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internet access/data (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headphones (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialist software (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Webcam (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Desk/table (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other specialist equipment (e.g., special chair, books, special music equipment) (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 Page Break

Q56 5. Home education: what makes it difficult or easy? *Please list up to 3 things that make home education difficult / get in the way of learning from home.*

1 (1) _____

2 (2) _____

3 (3) _____

Q55 *Please list up to 3 things that help with home education / make home education easier.*

1 (1) _____

2 (2) _____

3 (3) _____

Page Break

Q57 6. Satisfaction with home education

On a scale of 1-10, how satisfied are you with home education?



Q58 *If you would like to add anything, please do so here.*

End of Block: Learning for Deregistered in March 2020

Start of Block: School de-registered in March 2020

Q40 BB1. School de-registered children that were registered in March 2020

1a. When did you de-register from the school?

March 2020 (1)

April 2020 (2)

May 2020 (3)

June 2020 (4)

July 2020 (5)

August 2020 (6)

September 2020 (7)

October 2020 (8)

November 2020 (9)

December 2020 (10)

January 2021 (11)

February 2021 (12)

March 2021 (13)

April 2021 (14)

May 2021 (15)

June 2021 (16)

July 2021 (17)

August 2021 (18)

September 2021 (19)

Page Break

Q41 1b. Why did you de-register your child? Please select all that apply.

- I did not feel my child was safe from COVID-19 at school (1)
 - I did not feel the school provided a good education to my child (2)
 - My child was unhappy at the school (3)
 - My child did not want to go to that school (4)
 - My child's mental health had deteriorated (5)
 - I felt that I could provide a better education for my child at home (6)
 - My child's additional needs were not met sufficiently in the school (7)
 - The school had off-rolled* my child **Off-rolling is the practice of removing a pupil from the school roll without using a permanent exclusion when the removal is primarily in the best interests of the school, rather than the best interests of the pupil. This includes pressuring a parent to remove their child from the school roll (Ofsted Definition).* (8)
 - The school told me my child was at risk of exclusion (9)
 - The school had permanently excluded my child (10)
 - I felt pressured from the school to remove my child (11)
 - Other, please describe (12)
-

Page Break

Q42 2. *Are you currently awaiting a place for a different school?*

Yes (1)

No (2)

Page Break

Q43 3. How do you support your child's learning from home? Select any that apply.

	Every day (1)	Several times a week (2)	Once a week (3)	Monthly (4)	Less frequently (5)
I teach or support my child with their learning (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Another parent or family member teaches or supports my child with their learning (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A sibling teaches or supports my child with their learning (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A private tutor teaches my child (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching is provided by an online school or online programme (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Q44 4. What do you need for your child's home learning? Select as appropriate.

	Needed and our family has access (1)	Needed but we do not have access currently (2)	We have access but we need more or better quality (3)
Laptop, computer or tablet (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smart phone (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printer (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internet access/data (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headphones (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special software (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Webcam (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Desk/table (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other specialist equipment (e.g., special chair, books, special music equipment) (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 Page Break

Q46 5. Home education: what makes it difficult or easy?

Please list up to 3 things that make home education difficult / get in the way of learning from home.

1 (1) _____

2 (2) _____

3 (3) _____

Q45 *Please list up to 3 things that help with home education / make home education easier.*

1 (1) _____

2 (2) _____

3 (3) _____


Page Break _____

Q47 6. Satisfaction with home education

On a scale of 1-10, how satisfied are you with home education?

Extremely dissatisfied Extremely satisfied

1 2 3 4 5 6 7 8 9 10

Rate ()	
---------	--

Q48 If you would like to add anything, please do so here.

End of Block: School de-registered in March 2020
