**Consultation on Sleepover club**

**1.** Does your child currently access sleepovers at a friend’s house?

***Please delete as appropriate***

Yes: No: occasionally: frequently:

**2.** On a scale of 1-5 how interested are you for your child to be a member of the sleepover club?

**1 being not interested at all and 5 being really interested:**

1 2 3 4 5

If not interested please give brief explanation why in box below:

***If you are not interested at all i.e. 1 there is no need to complete the rest of the survey, but please return the questionnaire as 'no' interest is useful information.***

**3.** On a scale of 1-5 how much do you feel your child would enjoy the opportunity to attend a sleepover with friends.

**1 being not enjoy at all and 5 being really enjoy:**

1 2 3 4 5

**4**. What do you believe to be the key benefits for you and your child to have sleepovers with friends?

**5.** On a scale of 1-5 how confident do you feel about allowing your child to stay over a friend’s house and that their additional needs can be catered for.

**1 being not at all confident and 5 being really confident:**

1 2 3 4 5

**6.** What are the most important things you would need to take into consideration before allowing your son/daughter to go on a sleepover?

**7.** If a member of the sleepover club, how frequently do you feel you would like your child to have the opportunity to sleep over with friends?

**Please delete as appropriate:**

More than once a month: once a Month: every 6 weeks: every two months

**8**. Use the box below to give any ideas on how you might work with us to identify 'friendship groups' that would want to go on a sleepover together.

**9**. What school does your child attend?

**10.** Does your child use home to school transport? delete as appropriate

 Yes: No

Please return complete questionnaire by email to:

annaboulton@achievingaspirations.uk

or post to:

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***Many thanks for your input***