## Parent or carer questionnaire



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Young person's name	Type answer here
Parent or carer's name	
Young person's date of birth	
Parent or carer's relationship to the young person	
1. What is the young person's diagnosis? Ar	re they aware of their diagnosis?
Type answer here	
2. Please give us a brief description of the y	oung person's character, strengths, and skills.
	onal support to attend Scouts (for example, em)? What accommodations can we make?
4. What can volunteers do to help the young	g person to settle in and feel comfortable?
5. How can we support the young person withere an approach that is particularly help	
6. Are there any particular difficulties we sh example, difficulties with sharing, losing,	

7. Are there any particular situations, topics of conversation, or words that may make the young person stressed or anxious? If so, what are they?
9. How can we best support the young person if they are anxious?
10. Does the young person ever run away? If so, in what kind of situations do they run away What are the best ways of avoiding this, or getting them to return to a safe place?
11. What are the young person's interests?
12. Does the young person have any sensory sensitivities? If so, what sensory sensitivities do they have? What adaptations can we make to help them with these?
13. How would the young person manage an off-site visit? Is there any particular preparation you'd like us to do before a visit? Would they need any particular support on a trip?
14. Does the young person have any other associated disabilities or difficulties (for example, dyspraxia, dyslexia, ADHD)?
Type answer here