September 2020

Dear Parent/Carer

As you may be aware, the Disability Discrimination Amendment Act (2005) is in force and places important responsibilities on schools.

You’re disabled under the Act if you have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities. This includes the following:

* Mobility
* Manual dexterity
* Physical coordination
* Continence
* Ability to lift, carry or otherwise move everyday objects
* Speech, hearing or eyesight
* Memory or ability to concentrate, learn or understand
* Perception of risk of physical danger
* Some long-term conditions (e.g. cancer, diabetes, epilepsy, HIV, multiple sclerosis)

All schools are under a duty to:

* promote equality of opportunity between disabled people and other people
* stop unlawful discrimination
* stop harassment of disabled people that is related to their disabilities
* promote positive attitudes towards disabled people
* encourage disabled people to participate in public life
* take steps to take account of disabled persons' disabilities, even where that involves treating disabled persons more favourably than other persons.

To help achieve these aims, all schools must produce and publish a Disability Equality Scheme. In addition, the scheme must include a statement about the way in which disabled people have been involved in the development of the scheme.

**We are therefore asking those people who consider themselves to be disabled, as well as parents or carers of pupils who would consider themselves disabled to help us by completing this questionnaire (overleaf).**

Thank you for taking the time to help us make our school a more inclusive place.

Kind Regards,

*Mrs Rhia Fearn*

Inclusion Leader

**Disability Equality Questionnaire (to be returned) September 2020**

1. **How would you describe your/your child’s impairment?**

**2. Are there any ways in which our school currently makes it difficult for you/your child to participate in school life (for example to come into the school or to read information)?**

**3. Are there any ways in which the school could help you/your child to participate in school life (for example to come into the school or to read information)?**

**4. Are there any other ideas you have about ways in which our school could carry out any of the duties listed in the letter?**

**5. Are there any other ways in which you think the school should involve disabled people in the creation of our Disability Equality Scheme?**

***You are welcome to return this form anonymously. If you would like us to contact you, or would like to join our disability consultation group, please let us know how you would like us to do this.***

Name (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details (optional): address / telephone / email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for your time in completing this questionnaire. Please return this to the school office marked ‘Disability Equality Questionnaire’ by Monday 24th September 2018.**