

SEND REVIEW:

Re - designation and Capacity Questionnaire

Please complete and return this questionnaire to Children’s Services (ref. AP) Completed questionnaires can be emailed to schoolorganisation@plymouth.gov.uk by **Friday 19 October 2018**. Or alternatively posted to Children’s Services (ref. AP) Plymouth City Council, Plymouth PL6 5UF.

Name:

Address:

.....

Telephone number:

Email address:

Please tick (✓) the relevant boxes below to indicate the categories that best describe you:

- Governor at a Plymouth Special School
- Teacher at a Plymouth Special School
- Support Staff Member at a Plymouth Special School
- Parent or Carer of pupil at a Plymouth Special School
- Pupil at a Plymouth Special School
- Local resident
- Organisation (please name the organisation you represent):
-
- Other category (please specify):
-

(see over)

Having considered the proposals to redesignate Plymouth Special Schools including any capacity changes, as set out in the attached letter, please tick (✓) **one box only** below to indicate whether, on balance, you support the proposal.

- I support the proposals**
- I am undecided about the proposals**
- I do not support the proposals**

What are your reasons? Do you have any other comments to make? (please use the space below).

Please note that the information provided on this form will be used to help Plymouth City Council decide what further actions to take, if any, with regard to redesignating the Plymouth Special Schools.