**Level 1 (refresh) / Level 2 & 3**

**Setting questionnaire**

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| **Setting name:** |  |
| **Inclusion lead****name:** |  |
| **Date:** |  |

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| **Which award is your setting currently working towards? (please tick)** |
| Level 1 (refresh) Award |  | Level 2 Award |  |
| Level 3 Award |  |  |  |
| **Does your setting currently support any children with social communication difficulties?** |
| Yes |  | No |  |

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| How has your setting maintained and developed its inclusion friendly practice since achieving the Level 1 Award? |
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| Have you had any new members of staff join your setting since achieving the Level 1 Award? If so, how did their induction promote inclusion friendly practice? |
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| Have any staff in your setting accessed cpd (such as training, videos, reading materials) around inclusion since achieving the award? If so, please give details. |
|  |
| Any further comments |
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