

## How would you like us to work with you?

1. What day of the week would you prefer to meet with us?  
Circle your answers.

<b>Monday</b>
<b>Tuesday</b>
<b>Wednesday</b>
<b>Thursday</b>
<b>Friday</b>

**I don't mind**

2. What time of day would you prefer to meet with us?  
Circle your answers or draw the time on the clock.

<b>9am – 11am</b>	11	12	1
<b>11am – 1pm</b>	10		2
<b>1pm – 3pm</b>	9		3
<b>3pm – 5pm</b>	8		4
<b>I don't mind</b>	7	6	5

3. Where would you prefer to meet us?

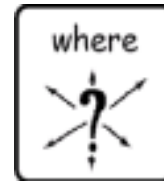
**School**

**Home**

**Our offices**

**Somewhere else (tell us where).....**

**I don't mind**



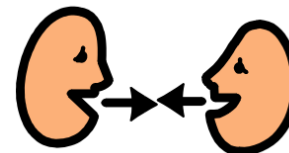
4. Do you use any of these things to communicate?

**British sign language (BSL)**

**Makaton**

**PECS**

**Computer Assisted Communication**



5. Do you need any other support to communicate?

Tell us what we should do.

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6. Do you have any other accessibility needs?  
Tell us what we need to know to support you properly.

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**Thanks!**



**We will try our best to meet your needs.**