TOPIC 1: Students with Special Educational Needs (SEN)

Name:

Please complete this questionnaire to reflect on your knowledge and confidence regarding this topic. Use a scale from 1 (not at all) to 5 (completely). You may add comments if you wish.

Item	Strongly Disagree (1)	(2)	(3)	(4)	Strongly Agree (5)
1. I understand what it means for a student to have special educational needs.	☐	☐	☐	☐	☐
2. I can identify possible barriers that hinder a student's learning or participation.	☐	☐	☐	☐	☐
3. I feel prepared to offer basic support to a student with SEN at home.	☐	☐	☐	☐	☐

Comments:

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TOPIC 2: Emotional Self-Regulation

Name:

Please complete this questionnaire to reflect on your knowledge and confidence regarding this topic. Use a scale from 1 (not at all) to 5 (completely). You may add comments if you wish.

Item	Strongly Disagree (1)	(2)	(3)	(4)	Strongly Agree (5)
1. I recognize my child's emotions in demanding school situations.	☐	☐	☐	☐	☐
2. I know strategies to help calm or restore emotional balance in this context.	☐	☐	☐	☐	☐
3. I can support children or adolescents in identifying and regulating their emotions.	☐	☐	☐	☐	☐

Comments:

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TOPIC 3: Self-Discipline and Time Management

Name:

Please complete this questionnaire before and after the session to reflect on your knowledge and confidence in each area. Use a scale from 1 (not at all) to 5 (completely). You may add comments if you wish.

Item	Strongly Disagree (1)	(2)	(3)	(4)	Strongly Agree (5)
1. I encourage my child to organize themselves autonomously to fulfill educational responsibilities.	☐	☐	☐	☐	☐
2. I know tools to prioritize tasks and manage time better.	☐	☐	☐	☐	☐
3. I promote consistent study and work habits.	☐	☐	☐	☐	☐

Comments:

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TOPIC 4: Inclusion and Functional Diversity in School

Name:

Please complete this questionnaire before and after the session to reflect on your knowledge and confidence in each area. Use a scale from 1 (not at all) to 5 (completely). You may add comments if you wish.

Item	Strongly Disagree (1)	(2)	(3)	(4)	Strongly Agree (5)
1. I understand the value of functional diversity as part of the school community.	☐	☐	☐	☐	☐
2. I believe all students can learn and participate in mainstream schools.	☐	☐	☐	☐	☐
3. I am committed to creating and supporting inclusive spaces in my child's educational environment.	☐	☐	☐	☐	☐

Comments:

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TOPIC 5: Educational Autonomy (Learning to Learn)

Name:

Please complete this questionnaire before and after the session to reflect on your knowledge and confidence in each area. Use a scale from 1 (not at all) to 5 (completely). You may add comments if you wish.

Item	Strongly Disagree (1)	(2)	(3)	(4)	Strongly Agree (5)
1. I see my child as a learner: I know what helps and hinders their learning.	☐	☐	☐	☐	☐
2. I can identify my child's short- and medium-term learning goals.	☐	☐	☐	☐	☐
3. I apply techniques that help my child learn more independently.	☐	☐	☐	☐	☐

Comments:

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TOPIC 6: Family–School Collaboration for Inclusion

Name:

Please complete this questionnaire before and after the session to reflect on your knowledge and confidence in each area. Use a scale from 1 (not at all) to 5 (completely). You may add comments if you wish.

Item	Strongly Disagree (1)	(2)	(3)	(4)	Strongly Agree (5)
1. I value communication between families and schools as a key part of the educational process.	☐	☐	☐	☐	☐
2. I feel capable of establishing respectful and collaborative dialogue.	☐	☐	☐	☐	☐
3. I recognize the active role of families in the development of inclusive education.	☐	☐	☐	☐	☐

Comments:

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