

**PARENT/CARER PERCEPTION OF PRIMARY SCHOOL
(Academic Year 2014/15)**



11 1

Your help in completing this form is very important to the School. We are very keen to keep improving our services and the answers you give to these questions will be taken very seriously. **Thank you for your help.**

Please place **ONE cross** in the box (using **black/blue ink**), e.g. , next to the number which best describes how much you agree with each of the following statements below:

1 - Strongly Agree; 2 - Agree; 3 - Disagree; 4 - Strongly Disagree; 5 - Not Applicable (N/A)

Office Use Only	<u>The School and its Ethos</u>	Strongly Agree	→	Strongly Disagree	N/A	
(38)	1 The school is led and managed well	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(67)	2 I know who the school governors are	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(3)	3 The school is friendly and welcoming	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(22)	4 I have been impressed with the facilities the school is able to offer	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(25)	5 The school accommodation and resources are good	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(36)	6 I feel comfortable approaching the school with questions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(68)	7 The school helps me to support my child's learning	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(24)	8 The school takes account of parent/carers suggestions and concerns	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(35)	9 The school treats my child fairly	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Office Use Only	<u>Wellbeing</u>					
(27)	10 I feel my child is safe and well supported at school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(39)	11 My child has not experienced physical bullying at school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(40)	12 My child has not experienced verbal bullying at school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(54)	13 The school deals with bullying well	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(69)	14 The school deals effectively with unacceptable behaviour	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(48)	15 My child is encouraged to eat healthily	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(49)	16 My child is encouraged to take exercise and keep fit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(53)	17 My child feels very safe and secure at school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(55)	18 My child knows whom to approach if they have a worry	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(56)	19 My child enjoys school very much	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(58)	20 The school gives my child good opportunities to make a positive contribution to the local community	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(60)	21 The school helps people of different backgrounds to get on well, both within the school and in the wider community	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

(please continue over the page)

Please place **ONE** cross in the box next to the number which best describes how much you agree with each of the statements.

1 - Strongly Agree; 2 - Agree; 3 - Disagree; 4 - Strongly Disagree; 5 - Not Applicable (N/A)

12

2

0

0



Strongly Agree



Strongly Disagree

N/A

Office Use Only

Teaching and Learning

- (42) 22 My child is encouraged to work hard and do their best
- (30) 23 I feel that I am well informed about my child's subjects
- (8) 24 I know how my child is progressing
- (43) 25 The teaching is good
- (44) 26 The school provides appropriate homework
- (10) 27 I know what my child has to do in order to be successful
- (45) 28 My child is encouraged to become independent
- (61) 29 My child is gaining new skills that will help in the future

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Office Use Only

Overall Satisfaction

- (31) 30 My child is making good progress
- (16) 31 I am satisfied with the choice of this school
- (13) 32 I would recommend the school to a friend

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

(please continue over the page)

About Yourself (Please place ONE cross in appropriate box)(62) **Gender:**Male ¹Female ²(63) **Ethnicity:**Prefer not to answer ¹Black African ²Black Caribbean ³Black other ⁴Bangladeshi ⁵Chinese ⁶Indian ⁷Pakistani ⁸White ⁹Other ¹⁰(64) **Do you have a Disability?**Yes ¹No ²**About Your Child** (Please place ONE cross in appropriate box)(18) **Gender of your child:**Boy ¹Girl ²(47) **In which Year is your child:**Reception ¹Year 1 ²Year 2 ³Year 3 ⁴Year 4 ⁵Year 5 ⁶Year 6 ⁷(80) **Is your child SEN registered?**Yes ¹No ²**General Comments**

Please add any comments you wish in the space provided. Please don't mention any staff by name.

Thank you for completing this survey