

## Example 2 of 4: Parent/Carer Questionnaire

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. **Please note that all completed questionnaires are analysed by QDP Services, an independent data processing company, who will treat all responses in the strictest confidence. 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)

		☺	→			☹	
		Strongly Agree				Strongly Disagree	N/A
Office Use Only	<b><u>The School and its Ethos</u></b>						
(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 and politely	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
Office Use Only	<b><u>Wellbeing</u></b>						
(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"/>	
(81)	11 I feel staff really know my child as an individual	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
(39)	12 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)	13 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)	14 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)	15 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)	16 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)	17 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)	18 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"/>	

*(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)

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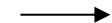
2

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Strongly Agree



Strongly Disagree

N/A

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**Wellbeing (contd)**

(55)	19	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)	20	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)	21	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)	22	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"/>

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**Teaching and Learning**

(42)	23	My child is encouraged to work hard and do their best	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(30)	24	I feel that I am well informed about my child's subjects	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(8)	25	I know how my child is progressing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(43)	26	The teaching is good	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(44)	27	The school provides appropriate homework	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(10)	28	I know what my child has to do in order to be successful	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(45)	29	My child is encouraged to become independent	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(61)	30	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"/>

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**Overall Satisfaction**

(31)	31	My child is making good progress	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(16)	32	I am satisfied with the choice of this school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(13)	33	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"/>

*(please continue over the page)*

**About Yourself** (Please place ONE cross in appropriate box)

(62) **Gender:** Male  <sup>1</sup> Female  <sup>2</sup> Transgender  <sup>3</sup>

(63) **Ethnicity:** Prefer not to answer  <sup>1</sup> Black African  <sup>2</sup> Black Caribbean  <sup>3</sup>  
 Black other  <sup>4</sup> Bangladeshi  <sup>5</sup> Chinese  <sup>6</sup>  
 Indian  <sup>7</sup> Pakistani  <sup>8</sup> White  <sup>9</sup>  
 Other  <sup>10</sup>

(64) **Do you have a Disability?** Yes  <sup>1</sup> No  <sup>2</sup>

**About Your Child** (Please place ONE cross in appropriate box)

(18) **Gender of your child:** Boy  <sup>1</sup> Girl  <sup>2</sup>

(47) **In which Year is your child:** Reception  <sup>1</sup> Year 1  <sup>2</sup> Year 2  <sup>3</sup>  
 Year 3  <sup>4</sup> Year 4  <sup>5</sup> Year 5  <sup>6</sup>  
 Year 6  <sup>7</sup>

(80) **Is your child SEN registered?** Yes  <sup>1</sup> No  <sup>2</sup>

**Thank you for completing this survey**