



Parent Questionnaire

We value your views. Every year we send out a parental questionnaire to find out what you think. This information then feeds into our school development plan which helps us decide what the priorities for our school are.

Please tick the relevant box unless stated otherwise. **Please complete both sides.**

How many children do you have in this school and what is their current year group?					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
My child is happy at this school.					
My child feels safe at this school.					
The school makes sure its pupils are well behaved.					
My child has been bullied and the school dealt with the bullying quickly and effectively.					
My child has not been bullied at the school					
When I have raised concerns with the school they have been dealt with properly.					
I have not raised any concerns with the school					
Does your child have special educational needs and/or disabilities (SEND)? (yes or no - please circle)	Yes	No			
If Yes: My child has SEND, and the school gives them the support they need to succeed.					

The school makes me aware of what my child will learn during the year.					
The school has high expectations for my child.					
My child does well at this school.					
The school lets me know how my child is doing.					
There is a good range of subjects available to my child at this school.					
My child can take part in clubs and activities at this school.					
The school supports my child's wider personal development.					
I would recommend this school to another parent. (yes or no - Please circle)	Yes	No			

If you ticked 'disagree' or 'strongly disagree' please let us know why in the box opposite	
--	--

Please use the box opposite to record any comments you have about any aspect of school life:	
--	--

