

I have a child in Year

My child has special educational needs or disabilities (or both). (Please tick.) Yes
 No



Questionnaire for parents and carers

Please read the following statements and tick the answer which best fits what you think about the school. Please only tick one box per statement. If you cannot answer leave it blank.

	(Please tick.)	Strongly agree	Agree	Disagree	Strongly disagree
1	My child enjoys school				
2	The school keeps my child safe				
3	The school informs me about my child's progress				
4	My child is making enough progress at this school				
5	The teaching is good at this school				
6	The school helps me to support my child's learning				
7	The school helps my child to have a healthy lifestyle				
8	The school makes sure that my child is well prepared for the future (for example, changing year group, changing school, and for children who are finishing school, entering further or higher education, or entering employment)				
9	The school meets my child's particular needs				
10	The school deals effectively with unacceptable behaviour				
11	The school takes account of my suggestions and concerns				
12	The school is led and managed effectively				
13	Overall, I am happy with my child's experience at this school				
14	If you want to explain any of your answers, or if there is anything else you want our team to be aware of about the school, please give details here.				