

PARENT/CARER PERCEPTION OF PRIMARY SCHOOL
(Academic Year 2011/12)



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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☐ - Agree Completely; 2☐ - Agree Mostly; 3☐ - Disagree Mostly; 4☐ - Disagree Completely; 5☐ - Not Applicable (N/A)

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

(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 - Agree Completely; 2 - Agree Mostly; 3 - Disagree Mostly; 4 - Disagree Completely; 5 - Not Applicable (N/A)

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Teaching and Learning

- (42) 21 My child is encouraged to work hard and do their best
- (30) 22 I feel that I am well informed about my child's subjects
- (8) 23 I know how my child is progressing
- (43) 24 The teaching is good
- (10) 25 I know what my child has to do in order to be successful
- (45) 26 My child is encouraged to become independent
- (61) 27 My child is gaining new skills that will help in the future

|  | → | | | |  | N/A |
|---|----------------------------|----------------------------|----------------------------|----------------------------|---|-----|
| Agree Completely | | | | Disagree Completely | | |
| 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) 28 My child is making good progress
- (16) 29 I am satisfied with the choice of this school
- (13) 30 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"/> |
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| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

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About Yourself (Please place ONE cross in appropriate box)(62) **Gender:**Male ¹Female ²(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**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