

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



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

Office Use Only	<u>The School and its Ethos</u>				N/A	
		Agree Completely		Disagree Completely		
(3)	1 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"/>
(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"/>
(35)	3 The staff treat my child fairly and equally	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(15)	4 I know who to contact with queries	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(36)	5 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"/>
(37)	6 I feel comfortable approaching the school with problems or complaints	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(22)	7 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"/>
(12)	8 The school provides high quality learning opportunities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(68)	9 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"/>
(28)	10 I have been invited to a parent/carer evening	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(29)	11 Parent/carer evenings have been useful	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(24)	12 The school takes account of parent/carer suggestions and concerns	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(25)	13 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"/>
(38)	14 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"/>
Office Use Only	<u>Wellbeing</u>					
(26)	15 I feel that I am well informed about the welfare support available	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(27)	16 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)	17 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)	18 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)	19 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"/>
(41)	20 My child has not seen racial abuse in school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(69)	21 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)	22 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"/>

(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)

12



2

0

0

Office
Use
Only

Wellbeing (contd)

 Agree Completely \longrightarrow Disagree Completely  N/A

(49)	23	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"/>
(50)	24	My child is encouraged not to smoke, consume alcohol or use illegal drugs or other harmful substances	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(51)	25	The school gives my child good guidance on sexual health and relationships	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(52)	26	The school helps my child to manage their feelings and be resilient	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(55)	27	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)	28	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"/>
(57)	29	The school provides a good range of additional activities which my child enjoys taking part in	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(58)	30	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)	31	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"/>

Office
Use
Only

Teaching and Learning

(7)	32	I know the name of my child's teachers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(42)	33	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)	34	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)	35	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"/>
(9)	36	I have received progress reports	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(43)	37	The teaching is good	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(10)	38	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"/>
(44)	39	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"/>
(45)	40	My child is encouraged to become mature and independent	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(61)	41	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"/>

Office
Use
Only

Overall Satisfaction

(46)	42	The school meets my child's needs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(31)	43	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"/>
(59)	44	My child feels that he/she is listened to and can influence decisions in the school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(13)	45	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 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:**Year 7 ¹Year 8 ²Year 9 ³Year 10 ⁴Year 11 ⁵Year 12 ⁶Year 13 ⁷

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

Thank you for completing this survey