

Annual Parent Questionnaire April 2016

If you have more than one child at the school and you wish to complete separate questionnaires, please request additional copies from the office.

	Strongly Agree	Agree	Disagree	Strongly disagree	Don't Know
1. My child is happy at this school?					
2. My child feels safe at this school?					
3. My child makes good progress at this school?					
4. My child is well looked after at this school?					
5. My child is taught well at this school?					
6. My child receives appropriate homework for their age?					
If you disagree please specify whether you think they get to little or too much.					
7. This school makes sure its pupils are well behaved?					
8. This school deals effectively with bullying?					
9. This school is well led and managed?					
10. This school responds well to any concerns I raise?					
11. I receive valuable information from the school about my child's progress?					
12. Would you recommend this school to another parent?	YES	NO			
Additional comments					

Year group of child: _____ Name: (optional) _____

Please return to school by Friday 29th April. Thank you for your time and support.