

# Five Acre Wood School

## PARENTS' QUESTIONNAIRE 2013-2014

- ✓ This questionnaire is being given to all parents and carers with children at our school. Please fill it in so that we can have your views of the school. Your opinions will help us to improve the way we work and therefore enhance the quality of what we offer our pupils and students.
- ✓ Your answers and comments will be treated in the strictest confidence.
- ✓ A summary of the views you provide and our intended course of action will be reported in due course.
- ✓ **Please fill in one per child. If you have more than one child at the school, please fill in a separate questionnaire for each, as your views on some things may differ from child to child.**
- ✓ Further copies are available from the school office or downloadable from the school website.
- ✓ You can also complete the questionnaire online at:  
  

[https://www.surveymonkey.com/s/FAW\\_Parents](https://www.surveymonkey.com/s/FAW_Parents)
- ✓ Please return hard copies of questionnaires in an envelope marked 'Parent Questionnaire' and for the attention of **Debbie or Kerry (TEAM)**
- ✓ Please complete the questionnaires by Monday 23<sup>rd</sup> June 2014.
- ✓ Everyone that returns a survey will be entered into a prize draw.
- ✓ If you require help in completing the questionnaire contact **Debbie or Kerry (TEAM), via the school office.**
- ✓ **Thank you for taking the time to fill in this questionnaire. Your views do matter to us!**

## Questionnaire

For each of the statements below please tick the box which best reflects your views of the school.

- **Strongly agree** - normally and often this is the case
- **Agree** - usually this is the case
- **Disagree** - usually this is not the case
- **Strongly disagree** - normally and often this is not the case
- **Don't know** - Does not apply to me or I don't have a view about it

**Question and some key indicators that may help to make the judgement (these are not exhaustive!)**

Strongly Agree      Agree      Disagree      Strongly Disagree      Don't Know

**1. My child likes school.**

(Your child goes to / from school with ease and may communicate about school when they come home)

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

**2. My child is making good progress and their educational needs are being met.**

(Child feels they are making progress, parent's evenings, Consultation or Shared Goals meetings, Person Centred Reviews, end of year reports)

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

**3. Pupils behave well.**

(You think your child behaves well, you think his/her friends behave well, general behaviour)

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

**4. My child is not bullied or harassed at school.**

(Active anti-bullying practice, you or your child are able to talk to school if they were being bullied, where appropriate your child is able to talk to a member of staff in their class)

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

**5. The teaching is good.**

(Your child may talk about their teacher & activities, your general impression is they do a good job)

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

**6. I am kept well informed about how my child is getting on.**

(Parent's evenings, Consultation or Shared Goals meetings, Person Centred Reviews, end of year reports)

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

**7. Home / school communication is good**

(Weekly parent's bulletin, home school book, telephone calls, meetings with staff)

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

**8. I would feel comfortable about approaching the school with questions or a problem or complaint.**

(You get a friendly service from the office staff, you feel confident to talk to your child's teacher or other members of staff)

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

**Question and some key indicators that may help to make the judgement (these are not exhaustive!)**

Strongly Agree      Agree      Disagree      Strongly Disagree      Don't Know

**9. Staff expect my child to work hard and achieve his or her best.**

(Overall impression that your child works hard at school)

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

**10. The school provides caring support for its pupils.**

(Staff are accessible during the school day, staff pick up and discuss concerns and take appropriate action)

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

**11. The support & training for parents meets my needs (if you have any suggestions as to how this could be improved, or particular areas that you would like to receive training in, please note these in question 19)**

(Parent support groups, support offered by TEAM workers – Debbie and Kerry)

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

**12. My child has good access to a range of inclusive activities.**

(Inclusion at mainstream schools, Community inclusion activities e.g. shopping, swimming and educational visits)

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

**13. The school is well led and managed.**

(You get regular information via e.g. newsletters and website, school develops and is well run)

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

**14. Staff treat my child fairly.**

(Child feels part of the class, child talks about teacher, information at Consultation and Shared Goals Meetings as well as Person Centred Reviews and parents evening shows they know your child)

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

**15. The school seeks the views of parents and takes account of their suggestions and concerns.**

(Get annual questionnaire, listens to comments and says what it has done, takes on board suggestions during various meetings that are held, works in partnership with parents)

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

**16. The school is helping my child become more mature and independent.**

(Child can do more for themselves and is less reliant upon others, child is more tolerant of certain things)

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

**Question and some key indicators that may help to make the judgement (these are not exhaustive!)**

Strongly Agree      Agree      Disagree      Strongly Disagree      Don't Know

**17. There is a good range of activities that my child finds interesting and enjoyable.**  
(In school & afterschool clubs, curriculum activities)

                      

**18. The arrangements for my son or daughter to settle in when he or she started at the school were good.**  
(Good access to class teacher, transition days, information when started good e.g. parents open evening)

                      

**19. Is there anything that you think we could do to make school life better for your child? Is there a particular aspect of the school in which you are pleased?**

Thank you again for taking the time to fill in this questionnaire. Your views really do matter to us!

|                                       |  |
|---------------------------------------|--|
| <b>Signature Of Parent (Optional)</b> |  |
| <b>Child's Name (Optional)</b>        |  |
| <b>Class (Optional)</b>               |  |
| <b>Date</b>                           |  |