

Name (Optional): _____ J _____



Parental / Carer Feedback

As a parent / carer, we would be grateful if you could help us continue to make improvements by telling us what you think. Please read each sentence, think about your experience as a parent/carer and then tell us how much you agree by ticking the box that best fits.

IA	Date:	All of the time	Most of the time	Some of the time	Never	Do not know
	My child likes this school					
1.1c	I believe my child is making good progress					
2.1a	I believe my child is safe in school					
2.1a	I believe that pupils behave well in school					
2.1a	I believe that if any bullying, harassment or discrimination occurs, school deals well with it					
2.1a	Other children DO NOT bully my child					
2.1b	The school helps my child understand how eating and drinking affects their health.					
2.1e	I believe school helps my child to become more mature and take on responsibility					
3.1b	I believe the quality of teaching is good					
3.2h	I believe that my child receives appropriate support when needed					
4.2a	I believe my child has plenty of opportunities to get regular exercise at school					
4.2f	I believe that the staff treat all children fairly and with respect					
4.1f	The school keeps me well informed about my child's progress					
4.1f	The school seeks my views as a parent and considers the feedback I provide					
4.1f	If I share problems or issues with school, it responds and deals with them appropriately					
4.2i	I believe that my child has good learning experiences, including trips and visits					
5.1a	I feel the school is well run and managed					

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If you wish to explain any of your responses or to add any further comments, please use the space below.