

October 2020 Questionnaire for Parents/Carers

Please read the following statements and tick the answer which best fits what you think about the school. **Please only tick one box per statement.**

Please tick which Year group(s) your child(ren) are in:

Reception	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6

	(please tick 1 box)	Strongly agree	Agree	Disagree	Strongly disagree	Unknown
1	My child is happy at this school.					
2	My child feels safe at this school.					
3	The school makes sure its pupils are well behaved.					
4	My child has been bullied and the school dealt with the bullying quickly and effectively.					
5	The school makes me aware of what my child will learn during the year.					
6	When I have raised concerns with the school they have been dealt with properly.					
7	Does your child have special educational needs and/or disabilities (SEND)?	Yes		No		
8	If yes to number 7 How strongly do you agree with this statement: – ‘My child has SEND, and the school gives them the support they need to succeed.’					
9	The school has high expectations for my child.					
10	My child does well at this school.					
11	The school lets me know how my child is doing.					
12	There is a good range of subjects available to my child at this school.					
13	My child can take part in clubs and activities at this school.					
14	The school supports my child’s wider personal development.					
15	I would recommend this school to another parent.	Yes		No		

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16	What do we do well at West Hill Primary School?
17	How could we make West Hill Primary School even better?
18	If you want to explain any of your answers, or if there is anything else you want the school to know, please tell us here.

Please return by **Friday 6th November 2020**

Thank you.