



## Parent Questionnaire February 2015

Name: (optional) \_\_\_\_\_

I have a child/children in Year \_\_\_\_\_

Please use the spaces below to add further detail to your opinion.

	(please tick one view)	Strongly agree	Agree	Disagree	Strongly disagree
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 well taught at this school.				
6	My child receives appropriate homework for their age.				
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	I am aware of who is on the Governing Body and understand their role in school leadership.				
13	Would you recommend this school to another parent?	YES		NO	

Please use the space below to add further comments.

Thank you for taking time to consider this questionnaire.