



# Sunnybrow Primary School

## Parents' Questionnaire 2014

This questionnaire is being given to all parents and carers with children at our school. Please fill it in so that the Headteacher and Governing Body can have your views of the school.

Your answers and comments are confidential to the School, however, a summary of the views as a whole will be reported to parents and carers.

**Please complete one per child.** If you have more than one child in 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.

Please return all copies to school at Parent's afternoon on Tuesday or send in with a child in an envelope marked "Parent Questionnaire".

Thank you for taking time to complete this questionnaire. Your views do matter to us!

Child's year group: \_\_\_\_\_

Child's class: \_\_\_\_\_

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

<b>Question and some key indicators to making a judgement</b>	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Don't know</b>
<b>1. My child likes school.</b> (Your child goes to school with ease and talks about school when they come out)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. My child is making good progress.</b> (Child feels they are getting better at reading or writing or maths, termly parents meeting, school report)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Children behave well.</b> (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"/>
<b>4. My child is not bullied or harassed at school.</b> (Active anti-bullying practice, you or your child is able to talk to school if they were being bullied, your child is able to talk to staff in school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. The teaching is good.</b> (Your child talks about their teacher, your general impression is they do a good job)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. I am kept well informed about how my child is getting on.</b> (You get Termly targets at parents evening, you get end of year report)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. I would feel comfortable about approaching the school with questions or a problem or complaint.</b> (You get a friendly service from the office staff, you feel confident to talk to your child's teacher)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8. 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"/>
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**9. The school is well led and managed.** (You get regular information e.g. newsletters, school develops and is well run)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**10. Staff treat my child fairly.** (Child feels part of the class, child talks about teacher, information at parents evening shows they know your child)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**11. The school seeks the views of parents and takes account of their suggestions and concerns.** (Get annual questionnaire, listens to comments and says what has to be done)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**12. The school provides appropriate homework.** (Child does homework, about the right amount)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**13. The school is helping my child become mature and independent.** (Child gets on with other children, gets on with adults, child has good attitude to school learning, Y6 residential visits)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**14. There is a good range of activities that my child finds interesting and enjoyable.** (Child talks about activities in class time, know school has other activities eg lunch & after-school clubs)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**15. The arrangements for my son or daughter to settle in when he or she started at the school were good.** (Good access to reception teacher, information when started good e.g. parents open eve)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Additional questions that will help the school in meeting your needs:

**Yes**      **No**

**16. Do you have internet access at home?**

<input type="checkbox"/>	<input type="checkbox"/>
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**17. Do you have an email address you use regularly at home or work?**

<input type="checkbox"/>	<input type="checkbox"/>
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**18. Does your child have access to the internet at home? (supervised or unsupervised)**

 

**19. Do you consider yourself to have a disability?**

 

**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 do matter to us!

Signature of parent -----  
(Optional)

Date -----

Childs name -----  
(Optional)