

**Insert Name of School: Insert SEED number**

## **Your views about the school**

**Questions for parents. Parents include foster carers and carers who are relatives or friends.**

We will inspect your child's school soon. We would like you to give us your views. Your views are important to us, because they will form part of the evidence we collect in the inspection. We may give the school a summary of the results of all the questionnaires we use. We will not give your name in any information we share with others. We will be careful in how we present any information in tables, to keep your answers confidential. We may use the information for statistical purposes.

- The questions will take you around 10 minutes to answer. Your views can help improve the school.
- Please read each statement and tick the answer that best describes your experience of the school.
- If you have more than one child at the school, please think of the oldest child as you answer the questions.
- You need to **write and sign your name** on the back of the form to make it valid. We will keep your answers confidential, unless they raise specific issues relating to child protection in the school.
- Inspectors will take into account factors which affect the school and the needs of children.
- When you have filled in your form please put it in the prepaid envelope provided and return it to us by **Insert date here - 6 working days before inspection date.**
- If you need more information or help to answer the questions, please phone **Insert IA telephone number here.**
- Please use blue or black ink.

**Thank you for answering the questions.**

If you have textphone equipment, please dial: + 44 (0)1506 600 236. (This is a service for deaf users, please do not use this number for voice calls as your call will not connect.)

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**Questions for parents**

<b>Which year group in the school is your oldest child in? (Please tick one box.)</b>						
<b>P1</b> <input type="checkbox"/>	<b>P2</b> <input type="checkbox"/>	<b>P3</b> <input type="checkbox"/>	<b>P4</b> <input type="checkbox"/>	<b>P5</b> <input type="checkbox"/>	<b>P6</b> <input type="checkbox"/>	<b>P7</b> <input type="checkbox"/>

		<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Don't know</b>
We have numbered the boxes for our purposes						
1	The school helps my child to be more confident.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2	My child enjoys learning at school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3	My child's learning is progressing well.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4	My child is encouraged and stretched to work to the best of their ability.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5	The school keeps me well informed about my child's progress.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6	My child feels safe at school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7	My child is treated fairly at school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8	I feel staff really know my child as an individual and support them well.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
9	My child benefits from school clubs and activities provided outside the classroom.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
10	The school asks for my views.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
11	The school takes my views into account.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
12	The school is well led.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
13	Overall, I am happy with the school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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**Questions for parents**

Please use the space below to give us more information on any of the answers you have given. Please also add any other comments you want to make about the school.

Our inspectors will meet a small group of parents for a discussion during the inspection. This will take place on the **Monday (pm) and Tuesday (am) Tuesday (pm) and Wednesday (am)** of the inspection week. If you would like to be one of this group, please give your daytime or mobile phone number below. Please also indicate, using the boxes below, the most suitable time for you to attend. Number 1 should be your preferred option and number 3 the least suitable time.

**If LM is in school Monday (pm) and Tuesday (am)**

	<b>Monday pm</b> The time for this will be arranged by the headteacher.	<b>Tuesday</b> Approx 08.45	<b>Tuesday</b> Approx 11.30
<b>Insert option 1-3</b>			

**If LM is in school Tuesday (pm) or Wednesday (am)**

	<b>Tuesday pm</b> The time for this will be arranged by the headteacher.	<b>Wednesday</b> Approx 08.45	<b>Wednesday</b> Approx 11.30
<b>Insert option 1-3</b>			

Contact telephone number: \_\_\_\_\_

We will invite some parents to take part in the group. It will probably not be possible to involve everyone. If you have shown interest in getting involved but are not invited to join the group, we would like to thank you for being willing to take part.

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**Questions for parents**

You need to write your name on the form and sign it, to make it valid. We will not give out your name and we will keep your reply confidential. If you do not give us your name or sign the form, unfortunately we cannot use your answers.

Your name: \_\_\_\_\_  
(Please write clearly)

Signature: \_\_\_\_\_

**Thank you for giving us your views.  
Please return this form to us in the prepaid envelope provided.**

SAMPLE