

To: Inspection team at **Shobnall Primary School**

I have a child in Year .....

My child has special educational needs or disabilities (or both). Yes

No



## Questionnaire for parents and 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. If you cannot answer leave it blank.

	(please tick)	Strongly agree	Agree	Disagree	Strongly disagree
1	My child feels safe at this school.				
2	My child is making good progress at this school.				
3	This school meets my child's particular needs.				
4	This school ensures my child is well looked after.				
5	My child is taught well at this school.				
6	This school helps my child to develop skills in communication, reading, writing and mathematics.				
7	There is a good standard of behaviour at this school.				
8	My child's lessons are not disrupted by bad behaviour.				
9	This school deals with any cases of bullying effectively. (Bullying includes persistent name-calling, cyber, racist and homophobic bullying).				
10	This school helps me to support my child's learning.				
11	This school responds well to my concerns.				
12	This school keeps me well informed.				

13	I would recommend this school to another parent.	Yes		No	
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14	<p>If you want to explain any of your answers, or if there is anything else you want the inspection team to know, please tell us here. If you have concerns about child protection, we would advise you to contact your local authority designated officer in children's services. If you mention a child protection issue here, please include your name.</p>
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Please return this questionnaire in a sealed envelope to your child's school. Please mark the envelope 'Confidential – for the attention of the Ofsted inspection team'. Thank you once again for filling in the questionnaire.