LARCHES

HIGH SCHOOL

**Questionnaire for Parents, Guardians & Carers**

Please read the following statements and select the answer that best fits what you think about the school. Please only select one answer per statement and if you cannot answer feel free to leave blank.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I have a child in Year Click or tap here to enter text. | | | | | |
| Please select/tick one | | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 1 | My child feels safe at Larches |  |  |  |  |
| 2 | My child is making good progress at Larches |  |  |  |  |
| 3 | Larches meets my childs particular needs |  |  |  |  |
| 4 | Larches ensures my child is well looked after |  |  |  |  |
| 5 | My child is taught well at Larches |  |  |  |  |
| 6 | Larches helps my child to develop skills in communication, reading, writing and mathematics |  |  |  |  |
| 7 | There is a good standard of behaviour at Larches |  |  |  |  |
| 8 | My child’s lessons are not disrupted by bad behaviour |  |  |  |  |
| 9 | Larches deals with any cases of bullying effectively (this includes persistent name calling, cyber, rascist and homophobic bullying) |  |  |  |  |
| 10 | Larches helps me to support my childs learning |  |  |  |  |
| 11 | Larches responds well to my concerns |  |  |  |  |
| 12 | Larches keeps me well informed |  |  |  |  |
| 13 | I would recommend Larches High School to another parent. | Yes | | No | |
| If you would like to explain or add any additional comments to your answers, or if there is anything else you would like to let us know, please tell us here:-  Click or tap here to enter text. | | | | | |
| Please send this completed questionnaire via email to [head@larches.lancs.sch.uk](mailto:head@larches.lancs.sch.uk) or alternatively return in a sealed envelope to the school address. Please mark the subject/envelope “Confidential – for the attention of the Headteacher | | | | | |
| If you have any concerns about Child Protection, we would advise you to contact your Local Authority Designated Officer in Children’s Services. If you have mentioned a Child Protection issue within this questionnaire, please include your name here. Click or tap here to enter text. | | | | | |
|  | | | | | |
| My child has special educational needs or disabilities or both | | | Yes | No | Both |

Thank you for completing this questionnaire.