

Parent questionnaire

YOUR VIEWS

We'd be very grateful if you could complete the questions below to give us a little information about your child before their transition to secondary school. All information will be held in the strictest confidence and will not be discussed with your child.

Child's name:.....

Child's date of birth:.....

How confident do you think your child is about moving to Secondary School? (Please circle the most appropriate answer)

Not at all : Not confident : Ok : Confident : Very confident
 Confident : : : : :

How confident are you about your child moving to Secondary School? (Please circle the most appropriate answer)

Not at all : Not confident : Ok : Confident : Very confident
 Confident : : : : :

Are there any areas your think child needs extra help with to be ready for the move to Secondary School? (Please tick if yes)

<input type="checkbox"/> Making & keeping friends	<input type="checkbox"/> Getting to/from school
<input type="checkbox"/> Working with others	<input type="checkbox"/> Orienteering around school
<input type="checkbox"/> Timetable & map reading	<input type="checkbox"/> Homework
<input type="checkbox"/> P.E.	<input type="checkbox"/> Self care (e.g. dressing, toileting)
<input type="checkbox"/> Concentrating in class	<input type="checkbox"/> Organisation of school bag
<input type="checkbox"/> Remembering instructions	
<input type="checkbox"/> Time management (e.g. getting to class on time, completing homework)	

Do you or your child have any other specific concerns about the move to Secondary School?

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