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.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **(please tick)** | **Strongly agree** | **Agree** | **Disagree** | **Strongly disagree** | **Don’t know** | **Not Applicable** |
| 1 | My child feels happy at Little Strawberries |  |  |  |  |  |  |
| 2 | My child feels safe at Little Strawberries. |  |  |  |  |  |  |
| 3 | Little Strawberries makes sure its children are well behaved. |  |  |  |  |  |  |
| 4 | My child has been bullied and Little Strawberries dealt with the bullying quickly and effectively. |  |  |  |  |  |  |
| 5 | Little Strawberries makes me aware of what my child will learn during the year. |  |  |  |  |  |  |
| 6 | If I have raised a concern with Little Strawberries it has been dealt with properly. |  |  |  |  |  |  |
| 7 | Little Strawberries has high expectations for my child. |  |  |  |  |  |  |
| 8 | My child does well at Little Strawberries. |  |  |  |  |  |  |
| 9 | Little Strawberries lets me know how my child is doing. |  |  |  |  |  |  |
| 10 | There is a good range of activities available to my child at Little Strawberries. |  |  |  |  |  |  |
| 11 | My child can take part in activities at this club. |  |  |  |  |  |  |
| 12 | Little Strawberries supports my child’s wider personal development. |  |  |  |  |  |  |
|  |
| 13 | Does your child have special educational needs and/or disabilities SEND. | **Yes** |  | **No** |  |  |  |
| 14 | Would you recommend Little Strawberries to another parent? | **Yes** |  | **NO** |  |  |  |
|  | Any other comments.Please return this form to members of staff available. Thank you. |
|  |  |  |  |  |  |  |  |