## **AUDIT OF INCLUSIVE EDUCATION - Part 3**

## **Pupil Questionnaire**



Name of your Education Setting (School or college):

Year group:

Today's date:

Statement	Yes	Sometimes	No	Unsure
I enjoy going to school				
Everyone makes me feel welcome at school				
I feel happy and safe at school				
I have friends at school				
I am invited to spend time with friends outside of school				
I feel I am doing well at school				
If I have difficulties the other children understand and help me				
If I have difficulties I know which adult I can talk to				
I feel that the adults at school listen to me and understand me				
I find it easy to get around the school				
My teachers help me and encourage me to try new things				
I take part in school activities like sports day and school trips				
The teachers help me to feel good				
If I'm struggling to control my emotions the teachers help me				
The school deals well with bullying if it occurs				
I can share ideas about how my school could be even better				

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1.	
2.	
3.	
These are the things that I think could improve my school	
1.	
2.	
2.	
2.	

These are the things that I like best about my school