AUDIT OF INCLUSIVE EDUCATION - Part 3

Pupil Questionnaire



Primary school version

Name of your Education Setting (School or college):

Year group:

Today's date:

Statement Statement	Yes	Sometimes	No	Unsure
I enjoy going to school	\odot	<u>:</u>	(3)	?
I feel happy and safe at school	\odot	<u>:</u>	(3)	?
Everyone makes me feel welcome at school	\odot	<u>:</u>	(3)	?
I have friends at school	\odot	<u>:</u>	(3)	5
I am invited to play and go to parties	\odot	<u>:</u>	(3)	5
I feel I am doing well at school	\odot	<u>:</u>	(3)	?
If I have difficulties the other children understand and help me	\odot	<u>:</u>	(3)	?
If I have difficulties I know which adult I can talk to	\odot	<u>:</u>	(3)	?
I feel that the adults at school listen to me and understand me	\odot	<u>:</u>	(3)	?
I find it easy to get around the school	\odot	<u>:</u>	(3)	?
My teachers help me and encourage me to try new things	\odot	<u>:</u>	(3)	?
I take part in school activities like sports day and school trips	\odot	<u>:</u>	(3)	?
The teachers help me to feel good about myself	\odot	<u>:</u>	(3)	5
If I'm struggling to control my emotions the teachers help me	\odot	<u>:</u>	(3)	?
The school deals well with bullying if it occurs	\odot	<u>:</u>	(3)	?
I have been asked how the school could be better	\odot	<u>::</u>	(3)	?

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These are the things that I like best about my school

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

3.