

Questionnaire - Form 1 Primary School (KS2 Pupils)

What you say about your experience at school will help us to make school life better.

1. Are you:



Boy



Girl

2. What age are you? Are you

8

9

10

11

About School

3. Do you come to school:

On a bus

In a car/taxi

On your bike or

Do you walk to school



4. We would like to know how you feel about being at school. Please tick one of the boxes on the list below.

I am very happy at school

I am quite happy at school



I am not sure

I am a bit unhappy at school

I am very unhappy at school



5. Do you play with your classmates at break-time and lunch-time?

Yes

No

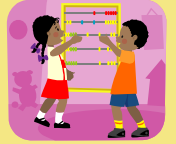


6. If you have answered No to this question, please say why not?

7. Do you take part in any after school clubs/activities?

Yes

No



8. If you have answered Yes to Question 7, please tell us what school clubs/activities you take part in. Do you take part in:

Sport

Music

Gardening

Computer

Homework

Art

Other, please tell us

9. Are there any other school clubs/activities that you would like the school to provide for you and your friends? Please tell us.

At school

10. Do you take part in P.E. at school?

Yes

No



If you answered No to Question 10, please go to Question 13

11. If you have answered Yes to Question 10, please tell us what you do in P.E?

Do you play:



Football

Basketball

Netball

Gymnastics

Rounders

Swimming

Gaelic Football

Hurling

Camogie



12. If you play any other sports at school, please tell us:

13. a) If you answered No to question 10 please tell us why you do not take part in P.E.?

b) What would you like your school to do to help you take part in P.E.?

Homework

14. Do you get homework from school?

Yes

No



15. If you have answered Yes to question 14, please tell us if you do your homework on your own or do you need help with it?

On your own

Need help
all the time

Depends on
homework

16. Is the homework you get:

Very easy
to do

Easy
to do

Difficult
to do

Very difficult
to do

When you are not at school

17. a) When you go home from school what do you do in the evenings?

I play on my own

I play with my brothers/sisters

I play inside with friends

I play outside with friends

If you do none of the above, please tell us what you do:

b) When you are not at school what do you do on Saturday and Sunday?

I play on my own

I play with my brothers/sisters

I play inside with friends

I play outside with friends

I visit friends

I visit relatives

If you do none of the above, please tell us what you do:

c) When you are not at school what do you do in the school holidays?

I play on my own

I play with my brothers/sisters

I play inside with friends

I play outside with friends

I visit friends

I visit relatives

I go to a Summer Scheme

I go on holiday with family/
friends

If you do none of the above, please tell us what you do:

Behaviour towards you in school

18. During this year have any of the following things happened to you at school?

I was called mean names in a hurtful way

Yes

No

I was left out of things on purpose

Yes

No

I was left out of things for no reason

Yes

No

I was hit or pushed

Yes

No

Other pupils told lies about me

Yes

No

I had things taken from me

Yes

No

I was made to do things I didn't want
to do by other pupils

Yes

No

I was bullied in another way

Yes

No

19. If you ticked Yes to anything in Question 18, please tell us why do you think these things happened to you?

20. Did you tell anyone that these things had happened to you?

Did you tell:

A parent?

A teacher?

A friend at school?

A friend from outside school?

Someone else?

I told nobody



21. If there is one thing you could change about school, apart from homework, what would it be?

22. Can you tell us if you found this form:

Easy to fill in

Hard to fill in

23. If someone else helped you fill in the form, was it:

A Teacher

Classroom Assistant

A Classmate

Thank you for helping us by filling in this form

To be completed by the school

Please indicate the special educational needs of this pupil

Cognitive and Learning

Dyslexia/SpLD (DYL)

Dyscalculia (DYC)

Dyspraxia/DCD (DCD)

Mild Learning Difficulties (MILD)

Moderate Learning Difficulties (MLD)

Severe Learning Difficulties (SLD)

Profound & Multiple Learning Difficulties (PMLD)

Unspecified (U)

Social, Emotional and Behavioural

SEBD

ADD/ADHD (ADD)

Communication and Interaction

Speech and Language Difficulties (SL)

Autism (AUT)

Aspergers (ASP)

Sensory

Severe/profound hearing loss (SPHL)

Mild/Moderate hearing loss (MMHL)

Blind (BL)

Partially sighted (PS)

Multi-sensory impairment (MSI)

Physical

Cerebral Palsy (CP)

Spina Bifida and/or hydrocephalus (SBH)

Muscular dystrophy (MD)

Significant accidental injury (SAI)

Other (OPN)

Medical Conditions/Syndromes

Epilepsy (EPIL)

Asthma (ASTH)

Diabetes (DIAB)

Anaphylaxis (ANXS)

Down (DOWN)

Other medical conditions/syndromes (OMCS)

Interaction of complex medical needs (ICMN)

Mental Health Issues (MHI)

Other

Other (OTH)

Thank you for your assistance. Please ensure that the pupil's name is not on this form and the information contained in this questionnaire is not released to anyone within/outside the school