

## Questionnaire - Form 2 Post Primary School Pupils at Key Stage 3

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

1. Are you: Boy  Girl

2. How old are you?

3. In your last year at Primary School did you attend a:

Primary School

Special Unit/Centre at a Primary School

Special School

4. What type of Secondary School do you attend? Is it a:

Secondary

Special Unit/Centre at a Secondary School

### About School

5. Do you come to school:

On a bus

In a car/taxi

On your bike or

Do you walk to school

6. 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

7. Do you spend time with your classmates at break-time and lunch-time?

Yes  No

8. If you have answered No to question 7, please explain why not?

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

Yes  No

10. If you have answered Yes to Question 9, please tell us what school clubs/activities you take part in:

Sport  Music  Homework  
 Computer  Art

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

11. If you answered No to Question 9, please tell us why? Is it because:

No school clubs/activities interest me  
 My friends don't attend any of the school clubs/activities  
 No transport is available when school clubs/activities finish

If there is another reason why you do not participate in after school clubs/activities, please tell us.

## Sport

12. Do you take part in sport at school?

Yes  No

If you have answered Yes to this question, please go to Question 13

If you have answered No to this question, please go to Question 14

13. If yes, what sporting activities are you involved in?

<input type="checkbox"/>	PE	<input type="checkbox"/>	Gymnastics	<input type="checkbox"/>	Swimming
<input type="checkbox"/>	Gaelic Football	<input type="checkbox"/>	Hurling	<input type="checkbox"/>	Camogie
<input type="checkbox"/>	Football	<input type="checkbox"/>	Netball	<input type="checkbox"/>	Hockey

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

14. a) If you do not participate in sport, can you tell us why not?

b) What do you do when your classmates are involved in sport?

## Homework

15. Do you get homework from school?

Yes

No

If you have answered No to Question 15, please go to Question 19  
If you have answered Yes to Question 15, please go to Question 16

16. Do 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

17. Is the homework you get:

Very easy  
to do

Easy  
to do

Difficult  
to do

Very difficult  
to do

18. How long do you spend doing homework each night? Please tick one of the following:

Under half an hour

Between a half and one hour

More than an hour

## When you are not at school

19. When you go home from school what do you do:

a) In the evenings?

I go to a club

I stay at home

I go out with friends

I go out with family members

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

b) On Saturday and Sunday?

I go to a club

I stay at home

I go out with friends

I go out with family members

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

c) In the school holidays?

I go to a summer camp/  
summer scheme

I go on holidays with my family

I visit relatives

I go on holidays with friends

I visit friends

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

## Behaviour towards you in school

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

	Yes	No
I was called mean names in a hurtful way	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
I was left out of things on purpose	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
I was left out of things for no reason	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
I was hit or pushed	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Other pupils told lies about me	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
I had things taken from me	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
I was made to do things I didn't want to do by other pupils	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
I was bullied in another way	<input type="checkbox"/>	<input type="checkbox"/>

21. If you ticked Yes to anything in Question 20, why do you think these things happened to you?

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

Did you tell:

A parent?

A friend from outside school?

A teacher?

Someone else?

A friend at school?

I told no-one

Were you happy with their response?

Yes

No

23. If there is one thing you could change about school, what would it be?

24. Is there anything else that you would like to say about your school?

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

Easy to fill in  Hard to fill in

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

A Teacher  Classroom Assistant  A School Friend

*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)

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**

**Social, Emotional and Behavioural**

SEBD

ADD/ADHD (ADD)

Epilepsy (EPIL)

Asthma (ASTH)

Diabetes (DIAB)

**Communication and Interaction**

Speech and Language Difficulties (SL)

Autism (AUT)

Aspergers (ASP)

Anaphylaxis (ANXS)

Down (DOWN)

Other medical conditions/syndromes (OMCS)

Interaction of complex medical needs (ICMN)

**Sensory**

Severe/profound hearing loss (SPHL)

Mild/Moderate hearing loss (MMHL)

Blind (BL)

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**