

Questionnaire - Form 3 Post Primary School Pupils at Key Stage 4

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 Question 12, please go to Question 13

If you have answered No to Question 12, 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

Examinations

19. Are you preparing to sit any examinations to obtain a qualification at school?

Yes No

If yes, are they:

Level 1/Entry Level	Yes <input type="checkbox"/>	No <input type="checkbox"/>
GCSEs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A Levels	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If none of the exams are listed please tell us more:

20. If you have answered No to Question 19, please tell us why you are not preparing to sit any examinations?

Behaviour towards you in school

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

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

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

23. 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

Planning for Leaving School

24. After Year 12 what do you want to do? Please tick only **one** of the following:

Stay at school to get more qualifications

Go to Further Education College to get more qualifications

Leave school to get a job

Don't know

Other, please tell us what this is in the space below

Career Guidance

25. Do you have career guidance at school?

Yes

No

26. If yes, how do you find the career guidance? Is it:

Very Helpful

Helpful

Unhelpful

Very unhelpful

Work Experience

27. Does your school have a work experience programme for Year 11 and/or Year 12 pupils?

Yes

No

Don't Know

If you have answered Yes to Question 27, please go to Question 28.

If you have answered No to Question 27, please go to question 34.

28. If yes, have you taken part in work experience while at school?

Yes

No

29. If you answered Yes to Question 28, how useful is your work experience in helping you to choose what you want to do when you leave school?

Very useful

Useful

Not very useful

Not useful at all

30. Do you think what you learnt at school was useful in your work experience?

Yes

No

31. If you answered Yes to Question 30, what in particular did you find useful?

32. If you answered No to Question 30, what do you think should be changed?

33. If you have not taken part in work experience, why do you think this is?

34. What job would you like to do?

35. What, if anything, is likely to stop you from doing what you want to do?

When you are not at school

36. 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 what you do:

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

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

39. 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