## **Inclusive Education Audit**

## **Parent/Carer Questionnaire**



Name of Education Setting (School or college): Year group(s) of your child(ren): Date of completion:

| Statement  | Agree | Partly<br>agree | Disagree | Not<br>applicable |
|--|-------|-----------------|----------|-------------------|
| My child is happy and enjoys going to school                           |       |                 |          |                   |
| My child has friends at school   |       |                 |          |                   |
| My child socialises with those friends out of school                   |       |                 |          |                   |
| I feel my child is making progress at school                           |       |                 |          |                   |
| Other children and parents are accepting of my child                   |       |                 |          |                   |
| I know who to contact at school if I have any concerns                 |       |                 |          |                   |
| I feel respected by school staff and treated as an equal partner in    |       |                 |          |                   |
| the education of my child  |       |                 |          |                   |
| My child finds it easy to get around the school                        |       |                 |          |                   |
| My child's individual needs are understood by all school staff. I feel |       |                 |          |                   |
| they have the knowledge and skills to support them                     |       |                 |          |                   |
| I feel that the school has high aspirations for my child               |       |                 |          |                   |
| If my child has faced difficulties, the school have supported my child |       |                 |          |                   |
| and talked to me about it, bringing in specialists if required         |       |                 |          |                   |
| My child takes part in all external school activities (such as school  |       |                 |          |                   |
| trips)   |       |                 |          |                   |
| I am involved in all meetings about my child and am aware of the       |       |                 |          |                   |
| progress that they are making  |       |                 |          |                   |
| The school doesn't just focus on my child's education but supports     |       |                 |          |                   |
| them to develop socially, emotionally and physically                   |       |                 |          |                   |
| The school supports my child to feel good about themselves             |       |                 |          |                   |
| The school helps my child to behave well in school                     |       |                 |          |                   |
| The school supports me to manage my child's behaviour at home          |       |                 |          |                   |
| The school deals with bullying effectively                             |       |                 |          |                   |
| The school talks to me about next steps and gives me confidence        |       |                 |          |                   |
| that my child will be supported next year (such as transition to a     |       |                 |          |                   |
| new school or a new classroom)   |       |                 |          |                   |
| The school has asked for my opinion or views on how the school         |       |                 |          |                   |
| could improve  |       |                 |          |                   |

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These are areas of Inclusive practice that I feel are really positive/supporting my child:

Any suggestions or recommendations for improving Inclusive Practice: