Parent and children worries about returning to school

This is a questionnaire to explore your views towards your child or children returning to name of school. It should take less than 10 minutes to complete. It will help us to best support you as you return to name of school. The first set of questions are about parents’ views and the second set are about pupils’ views.   
If you are happy to do so, please write your child's or children's names below. This is so we can give them any additional support they may need. It is not required and the anonymous information you provide will still be valuable.

Name of pupil(s):

Single line text

1. How comfortable are you about your child/children returning to school?

Likert

|  | Not at all | Slightly | Moderately | Greatly | Extremely |
| --- | --- | --- | --- | --- | --- |
| Rating |  |  |  |  |  |

2. Do you have any worries about your child/children going to school? Please select any that apply.

Multiple choice

Difficulties with other pupils due to being at home for a long time

Difficulties with school work due to being at home for a long time

Difficulties with teachers due to being at home for a long time

Dealing with bereavement after the loss of a family member/someone they know

Transferring COVID-19 to a relative (including yourself)

Difficulties adjusting to a new routine (including sleep & getting up)

Catching COVID-19

Other – please describe:

3. What support might be helpful for your child/children to receive when they are in school? Please select all that apply.

Multiple choice

Reassurance that they are valued

Time set aside to talk about experiences at home including positive things and hope for the future

Reassurance and explanation of how they will be kept safe

A time when the whole school can come together to remember those who have passed away

Allow personal items (such as teddies, blankets, etc.) to be brought into school to ease transition

Time set aside to make connections again with key people (friends, members of staff, etc.)

A mentor checking in on them

Other – please describe

4. It there anything else you, as a parent, would like to share with us, about the return to school?

5. The next set of questions are about your child/children's views on returning to school. Please give this to your child to complete, or do it with them if they need your support.   
  
As a pupil, how confident are you about returning to school?

Likert

|  | Not at all | Slightly | Moderately | Greatly | Extremely |
| --- | --- | --- | --- | --- | --- |
| Rating |  |  |  |  |  |

6. As a pupil, do you have any worries regarding returning to school? Please select all that apply.

Multiple choice

Difficulties with school work due to being at home for a long time

Difficulties with other pupils due to being at home for a long time

Catching COVID-19

Transferring COVID-19 to a family member

Dealing with bereavement after the loss of a family member/someone they knew

Difficulties adjusting to a new routine (including sleep and getting up)

Other – please describe

7. Is there anything else that you, as a pupil, would like to share with us, about the return to school?

Thank you for completing this questionnaire.

Please return this form by fill in date and method here