



## Making Education a Priority (MEaP)

**Name of school: MeaP Academy Twilight School:**

**Date: .....**

# Evaluation form for Parents

We'd like to know what parents and carers think of the school. Please tell us how well you think we do in the following areas, rating us from 1 = Not very good, up to 5 = Excellent (but put 'Don't know' if you don't feel that you can comment).

Classroom facilities	1	2	3	4	5	Don't know
Teaching resources	1	2	3	4	5	Don't know
Teachers	1	2	3	4	5	Don't know
Cost	1	2	3	4	5	Don't know
Reports/feedback	1	2	3	4	5	Don't know

We'd be grateful if you would answer the questions below and give us your views on them.

### **Safety**

Do you feel that the Twilight school is a safe environment for your child?

Yes  No

Do you have any concerns about the safety of your child when they attend the supplementary school?

**Enjoying and achieving**

In your opinion, do you feel your child enjoys attending Twilight school?

Yes  No

Do you feel that attending Twilight school has a positive effect on your child?

Yes  No

What do you see as the main benefit of your child attending the Twilight school?

**General questions**

Do you have any ideas about how we could improve our school?

Would you be interested in volunteering at our Twilight school?

Yes  No

Are there any other comments you would like to make?