

Education Strategy Group

Darlington Alternative Education Framework

Pupil Voice – Teaching and Learning Questionnaire

Provider:		Subject / Course		Date:	
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Please use black or blue ink and put an X (cross) inside the relevant box. Complete TERMLY with pupil and return ANONYMOUSLY to Eleanor.marshall@darlington.gov.uk

		Agree Strongly	Agree	Disagree	Disagree Strongly
1.	I enjoy being at this provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Teachers here help me to do my best	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Teachers here give me work that challenges me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	I enjoy learning at this provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Teachers here listen to what I have to say in lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	There is an adult at this provider I can talk to if something is worrying me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	The behaviour of other pupils in my lessons is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	The behaviour of other pupils around this provision is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Bullying is not a problem at this provision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	I feel safe here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	This provider encourages me to look after my physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	This provider encourages me to look after my emotional and mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	This provider encourages me to be independent and to take on responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	This provider encourages me to respect people from other backgrounds and to treat everyone equally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	This provider gives me information about my next steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	I would recommend this provider to a friend moving to the area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What, if anything, makes you feel unsafe at the provider?

What information would you like to have received about your next steps?