



# Elderslie High School

## Year 7 Social Skills Day 2008

### Parent Survey

Please discuss today's program with your child and take this opportunity to ask if s/he is having any problems settling in to Elderslie High School. Record any problems in the space provided and return this survey to either Mr. Deitz or Mrs. Kenny by the end of Term 2, 2008. We will endeavour to deal with problems as quickly as possible, and provide feedback where requested.

Many of the sessions today required students to locate and use information from the Student Diary. We would like to remind parents that the diary can be used for communication with staff at any time and also that parents should be signing their child's diary each week in the space provided.

Child's Name:

\_\_\_\_\_

Your Name/Relation to child:

\_\_\_\_\_

1. Your child enjoys High School...

All of the time	Most of the time	Very rarely
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2. High School has proven to be a huge change

Wow, what a change!	Only some changes	Nothing has changed
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3. Your child has made new friends at High School

Made a lot of new friends	Made some new friends	Not made any new friends at High School
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4. Your child still sees his or her friends from primary school

Always	Sometimes	Never
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5. I know the names of my child's teachers

Yes, all of them	Most of them	Only a few of them
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6. I am happy with my child's circle of friends

Very happy	Pretty happy	Not very happy at all
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7. If I've had any problems, Elderslie High School staff have been very helpful

Always	Mostly	Sometimes
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8. I am confident understanding my child's daily routine

Confident	Sometimes confident	Sometimes I have trouble
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9. My child enjoys the variety of subjects s/he is studying

Yes	Mostly	No
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10. The work my child is doing in each subject is challenging

Yes it is challenging	It is sometimes challenging	It is quite easy and not challenging at all
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11. I sign my child's diary each week

Always	Sometimes	Never
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12. My child has plenty of homework

Always	Sometimes	Never
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13. My child has been bullied since starting High School

Yes	No
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*In the space below, please comment on your child's experiences at Elderslie High School (optional).*

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*Please contact me regarding the problems listed above.*

Daytime Contact details:

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Best time to call: \_\_\_\_\_

*Thank you for your time in completing this survey.*