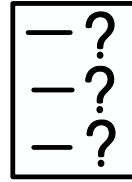




Learners



Survey



**What type of school or college do you attend?**

(Please tick one)

- Primary School
- Secondary School
- Special School
- College (Yr 12 and above)
- Independent School
- I am educated at home
- Other (Please specify) .....



**Do you have an Education, Health and Care Plan?**

(Please tick one)

- Yes
- No
- Don't know
- Prefer not to answer

**I am listened to and my views are respected.**

(Please tick one)



Yes



No

**I am supported in my learning.**

(Please tick one)



Yes



No

**I am supported in my health and well-being.**

(Please tick one)



Yes



No

**I see friends at school/college.**

(Please tick one)



Yes



No

**I see friends outside of school/college, at the weekends and in school holidays.**

(Please tick one)



Yes



No

**I feel safe at school/college.**

(Please tick one)



Yes



No

**I have already thought about the type of job I will do in the future.**

(Please tick one)



Yes



No

**I enjoy travelling to and from school.**

(Please tick one)



Yes



No

**It's a good day at school/college when....**



**Sometimes I worry about...**



.....