

Brüggen School

Pupil Induction Survey

Name.....Year



During you first few days at this school were you:	Yes	No	Not sure
1. Shown around the school by someone in your class?			
2. Given a Class Buddy to look after you?			
3. Shown where the toilets are?			
4. Have you made new friends?			
5. Are children friendly in the playground?			
6. Do you know about the friendship bench?			
7. Is your class teacher friendly and helpful?			
8. If you have a problem, do you know who to tell?			

9. How much do you like Brüggen School? (Please tick **one** box)

Not at all	Not much	It's okay	Good	Very good	Excellent
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10. Are there any other ways we can help you to settle into our school?

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11. Is there anything at your last school you wish we did here?

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