**Parent/ Carer Survey – Transition**

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| --- | --- | --- |
| Name of Child: | | Home Address: |
| Date of Birth: | M/F |
| Name of Parent/ Carer (s): | | Parent/ Carer Contact Numbers: |

|  |  |  |  |
| --- | --- | --- | --- |
| Date completed: |  | Completed by: |  |

**1/ Staff will welcome and understand my child and their needs**

I feel confident that my child will be welcomed and their needs will be easily met. That they will be stretched to achieve the most they can, and will thrive as opposed to survive.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Not at all confident yet | | Not very confident yet | | A little bit confident | | Fairly  confident | | Totally  confident | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |

**2/ I will have a good relationship with key staff at the new setting/ school**

I feel I will be welcomed and understood by staff. I trust that I will be able to talk to them about my concerns and they will make time and listen.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |

**3/ The physical environment will help my child to adapt, learn and grow**

The setting/ school is physically welcoming to my child. It will allow my child quiet space to be on their own, space to be with friends and an appropriate outdoor environment. All spaces will help my child to feel safe, excited and encouraged to grow/ learn as appropriate

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |

**4/ I know that my child will feel like they belong**

Staff and children will welcome my child into all activities in a way which promotes belonging for all children and inclusion in all areas of delivery

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |

**5/ I know that staff will make time for me and my child**

I am confident that staff will pro-actively plan to support my child to thrive. That they will support and challenge both me and my child in my child’s best interests. I trust that staff will always contact me if they have concerns, and when they want to celebrate achievements

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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