**Coronavirus (COVID-19): wellbeing questionnaire for pupils returning to secondary school**

This questionnaire is designed to gauge the wellbeing of pupils returning to secondary school after the partial closures due to coronavirus (COVID-19).

Utilising this document will help secondary schools understand the wellbeing needs of their pupils so that they can put measures in place to mitigate any concerns they may have and provide additional support where needed.

At the end of the questionnaire, there is space for pupils to fill out their name, class and the date of completion; however, this is optional because schools may choose to receive this feedback anonymously to ensure pupils can be completely honest in their answers.

The questions in these questionnaires are for guidance only. They should be adapted to suit the school’s needs and the age of the pupils participating.

**Questionnaire for secondary school pupils**

The questionnaire for secondary school pupils begins on the next page of this document.

Pupils should read the questions on the left, then either tick the box most relevant to how they feel about the statement or write their answer in the appropriate box on the right. To ensure pupils can communicate their thoughts and feelings properly, and note anything not addressed in the questions, extra space has been allocated after each section for them to add additional comments.

For pupils with SEND who require additional help, this questionnaire should be completed by a staff member in conversation with the pupil.

**Returning to School Questionnaire**

We would like to know how you feel about coming back to school.

We understand that you might have been worried and confused when the school closed. You also might feel worried to come back to school.

We are asking you these questions to find out how you feel and what we can do to help you do your best. Your answers will help us make sure everyone feels happy, safe and comfortable when they are back at school.

Please tick the box that matches how you feel about each statement. Write longer answers in the boxes where required.

| **Question** | **Strongly agree** | **Agree** | **Neither agree nor disagree** | **Disagree** | **Strongly disagree** |
| --- | --- | --- | --- | --- | --- |
| **The school** |
| I am happy to go back to school. |  |  |  |  |  |
| I feel confident about starting a new year at school in September. |  |  |  |  |  |
| If I had a question, I would ask a teacher. |  |  |  |  |  |
| If I had a problem, I would tell a teacher. |  |  |  |  |  |
| I feel safe to go back to school. |  |  |  |  |  |
| What can we do to make you feel safer in school? |  |
| What do you like the most about school? |  |
| What do you like the least about school? |  |
| Is there anything you would like to change about school? |  |
| **Additional comments about the school:** |
|  |
| **Socialising, health and wellbeing** |
| I am happy that I will see my friends at school again soon. |  |  |  |  |  |
| I feel confident about socialising at school again. |  |  |  |  |  |
| I like exercising and playing sports at school. |  |  |  |  |  |
| I often exercise and play sports outside of school. |  |  |  |  |  |
| How many hours do you exercise per week? |  |
| I like spending time outdoors at school. |  |  |  |  |  |
| I often spend time outdoors outside of school. |  |  |  |  |  |
| How many hours do you spend outdoors per week? |  |
| I often feel tired at school. |  |  |  |  |  |
| How many hours of sleep do you get per night? |  |
| I often feel hungry at school. |  |  |  |  |  |
| If I felt unwell, I would tell a teacher and go to the nurse. |  |  |  |  |  |
| I need pastoral support to help me understand the coronavirus pandemic and how it affected me mentally. |  |  |  |  |  |
| Did you receive any pastoral support last year? |  |
| If you did, please note the support you received here. |  |
| Did you go to any school clubs last year? |  |
| If you did, please note the clubs you went to here. |  |
| Will you go to these clubs again when you are back at school? |  |
| Did you go to any clubs outside of school? |  |
| If you did, please note the clubs you went to here. |  |
| **Additional comments about socialising, health and wellbeing:** |
|  |

Thank you for completing the questionnaire – yourfeedback will be taken into consideration.

**[If you would prefer this questionnaire to be anonymous, delete the ‘Name’ and ‘Class’ sections.]**

|  |  |
| --- | --- |
| **Name:** |  |
| **Class:** |  |
| **Date:** |  |