

# PARENT/CARER EVALUATION FORM.





## Complete before the presentation

Do you have other children attending the school?

 YES	 NO
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Was this school your first choice?

 YES	 NO
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Do you have any worries about your child starting?


 YES	 MAYBE	 NO
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## Complete after the presentation

Do you feel informed about how the school will support you and your child?

 YES	 MAYBE	 NO
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Do you understand ways to support your child's learning at home?

 YES	 MAYBE	 NO
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Is there any other information you feel would be useful?

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