



QUESTIONNAIRE FOR PARENTS

Your Family

1. Your relationship to the young person who brought this questionnaire home

Please tick one box

Mother	<input type="checkbox"/>
Father	<input type="checkbox"/>

Other (please write in)

2. This child is

Please tick one box

Female	<input type="checkbox"/>
Male	<input type="checkbox"/>

Please write their age in this box

Your Views on Exams

3. Which of the following statements best describes your own views

Please tick one box for each row.

Too much importance is given to getting exams today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exams are a good way to measure a child's ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exams have a place but are only part of a wider picture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exams are the passport to a good job/career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exams are irrelevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

Any other exams you have taken (please write in)

Standard grade (or equivalent)
 Higher (or equivalent)

Please tick all that apply

6. Please indicate whether you have taken any of the following examinations?

Your Experiences

Other (please write in)

Maths and sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History and geography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Art and design and music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Very important Important Fairly important Not very important

Please tick one box for each row

5. Which of the following subjects taken at INTERMEDIATE LEVELS AND HIGHER do you regard as important for your child's future?

Other (please write in)

Maths and sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History and geography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Art and design and music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Very important Important Fairly important Not very important

Please tick one box for each row.

4. Which of the following subjects taken at STANDARD GRADE do you regard as important for your child's future?

Subjects

How Your Child Copes

7. What year did you leave school?
Please write in _____

8. How does your son/daughter cope with the build-up to exams ...

Please tick one box

- Overall, my son/daughter copes very well
- My son/daughter manages fairly well most of the time
- My son/daughter worries a lot about exams
- It doesn't seem to affect them at all

Other (please write in) _____

9. Which is the most difficult part of the exam year for you as a parent/guardian of a young person in S5 and/or S6?

Please tick one box

- The entire exam year (e.g. prelims, sitting exams, results)
- The month leading up to Standard Grades and Highers
- Sitting exams (e.g. Standard Grade, intermediate and Highers)
- Getting the results and the aftermath

Other (please specify) _____

10. Which is the worst aspect of the exam process for your child?

- The entire exam year (e.g. prelims, sitting exams, results)
- The month leading up to Standard Grades and Highers
- Sitting exams (e.g. Standard Grade, intermediate and Highers)
- Getting the results and the aftermath

Other (please write in) _____

11. In your view what are the best ways to support your child through the formal exam years (i.e. 4th, 5th and/or 6th year) at school?

Please tick one box for each row.

Help them with homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk to them about their worries and concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offer money and/or gifts for doing well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buy them study guides to help them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make sure they have a quiet place to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is best not to interfere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please write in)

12. At exam time do any of the following apply to your child

Please tick one box for each row.

She/he can be moody and bad tempered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
She/he can be tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
She/he is quiet and withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
She/he finds it hard to sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
She/he stops eating/overeats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
She/he exercises a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
She/he talks about feeling stressed and anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Never Sometimes Always

Other (please write in)

13. Your views on your son's/daughter's preparation for examinations

Please tick one box

My son/daughter studies too much	<input type="checkbox"/>
My son/daughter does not study enough	<input type="checkbox"/>
My child has a balanced approach to studying	<input type="checkbox"/>
My son/daughter does not study at all	<input type="checkbox"/>

FOR TAKING THE TIME TO COMPLETE THIS
PLEASE PUT YOUR RESPONSE IN THE ENVELOPE PROVIDED.

MANY THANKS

Please write in

box

13. Finally, please feel free to add any further comments you may have in this

Other (please specify)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I want them to get a well-paid job
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I want them to be happy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I want them to go to university
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I want them to go to college
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I want them to have a professional career
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I want them to have choices and opportunities

Please tick one box for each row.

15. Please rate the following in terms of importance

Your Child's Future

Please write in

14. Thinking about your own education, in what ways does your child's experience of school and gaining qualifications differ from your own?