

Parents & Co Family Learning Questionnaire

Personal Details

1. Name:
2. Relation to child:
A. Parent B. Grandparent C. Carer
D. Other (please specify):.....
3. Gender: A. Male B. Female
4. Age:.....
5. What is your ethnicity?
6. Marital status: are you a single parent? A. Yes B. No
7. Are you a resident of London borough of Camden? A. Yes B. No
8. Is English your first language?
A. Yes B. No (Please specify).....
9. Do you consider yourself to be disabled (if yes please specify)?
A. No B. Yes.....

Education and Qualifications

10. Please give details of the highest level of education completed
A. Primary School B. Secondary School C. College D. University
11. Would you like to do any further training? A. Yes B. No
12. What did you like or dislike about school (please provide details).
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General Questions

13. How many children do you have?

14. How old is/are your child/children?.....

15. Do any of your children have a learning disability? (If yes please provide details)

- A. Yes B. No

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Do not answer the questions 16 to 21 if all of your children are under five

16. Do you understand the key stages of the UK education system?

- A. Yes B. No

17. Does your child struggle of with learning at school?

- A. Yes B. No

18. Which subject(s) at school would you like your child to improve in?

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19. How often do you help your child with his/her homework?

- A. Always B. Often C. Sometimes D. Never

20. Please rate how much do you understand of your child's homework?

- A. Fully B. Most of it C. Some of it
D. Little E. None

21. Does your child attend any support learning activities, such as homework clubs (if yes please specify)?

- A. Yes B. No

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22. Would you like to be able to support your child/children learning more?

- A. Yes B. No

23. What kind of activities from the following would you like to do with your child/children?

- | | | |
|---|---|--|
| A. <input type="checkbox"/> Cookery Session | B. <input type="checkbox"/> Poetry Session | C. <input type="checkbox"/> Story Time |
| D. <input type="checkbox"/> Fun with Numbers | E. <input type="checkbox"/> Play + Learn Time | F. <input type="checkbox"/> Sport |
| G. <input type="checkbox"/> Trips to Green Spaces | H. <input type="checkbox"/> English Language | I. <input type="checkbox"/> IT |

Are there any activities not mentioned that would like to with your child (if yes specify)?

- A. Yes B. No

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24. Would you consider you live a healthy lifestyle?

- A. Yes B. No

25. How often do you prepare a meal from scratch?

- A. Daily B. Every other day C. Occasionally D. Never

26. Does your child ever help you to prepare a meal?

- A. Often B. Sometimes C. Occasionally
D. Rarely E. Never

27. How often do you go with your child/children to the green spaces?

- A. Often B. Sometimes C. Occasionally
D. Rarely E. Never

Please state to what extent you agree with following statements

28. My relationship with my child/children is:

- A. Very good B. Good C. Satisfactory
D. Unsatisfactory E. Poor

29. My child's self esteem and confidence are:

Self esteem

- A. High
B. Moderate
C. Low

Confidence

- A. High
B. Moderate
C. Low

30. My child's behaviour is:

- A. Excellent B. Good C. Satisfactory
D. Unsatisfactory E. Poor

Please return your completed questionnaire to:

**Elfrida Rathbone Camden
7 Dowdney Close
London NW5 2BP**