



West Byfleet Junior School

QUESTIONNAIRE

(To be completed and emailed to: m.segal@west-byfleet-junior.surrey.sch.uk)

CHILD'S NAME:

CURRENT CLASS:

How does your child feel about joining the Junior School? (please circle relevant box)



Very worried



Mixed feelings



Excited

Has your child struggled with transitions to new Year groups before? (please circle relevant box)

NO

YES

If yes, what helped?

Does your child have any specific worries?

With the current restrictions being considered, what are the three most important things, which would help your child?

1.

2.

3.

Once I have gathered the information, received from these questionnaires, I will hopefully be able to put some things in place and produce some resources, which will help you and your child. In the meantime, please do not hesitate to contact me, should you have any questions.

Kind regards

Mrs M Segal

ELSA

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