

## **STUDENT VOICE KS3**

| Student Name:                            | Date:                                 |
|--|---------------------------------------|
|  |                                       |
|  |                                       |
| What things do you like about this       | education provider?                   |
| J. J | p                                     |
|  |                                       |
|  |                                       |
| Which outlieds do you like the mos       | t and which are very dainer that      |
| best in? How do you know this?           | st and why? Which are you doing the   |
| best in Frow do you know this i          |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
| Is there a teacher or anyone else wh     |                                       |
| education? If so, please tell us who     | tney are.                             |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
|  | change in terms of your education? If |
| so please explain:                       |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
|  | e support in or where do you feel you |
| are not on track? What could be off      | ered or changed?                      |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
| Are there any areas that you would       | like to improve upon? What would      |
| help you to do this?                     |                                       |
|  |                                       |
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|  |                                       |
| Do you get on well with other young      | g people in your form/tutor group?    |
|  | -                                     |
|  |                                       |
|  |                                       |
|  |                                       |

| Do you have favourite sports or hobbies at school or elsewhere? Is there any club at school or elsewhere you would like to join? Please give details.   |  |  |
|---|--|--|
| give details.   |  |  |
|   |  |  |
|   |  |  |
| Do you have any special responsibilities at your educational provider or elsewhere (E.G at clubs or clubs you belong to or even at home.)   |  |  |
|   |  |  |
|   |  |  |
| Have you received any awards, prizes or certificates?   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Is there anything preventing you from taking part in activities in or outside of education? Is so, what prevented you?  |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Do you know where you can access support, advice and guidance about personal matters if you need to? If so, where would you go? Do you have someone to talk to if you had concerns about your health and wellbeing? |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| At the moment when I finish school I would like to  |  |  |
|   |  |  |
| Have you accessed any impartial careers advice or guidance?   |  |  |
| Yes   |  |  |
| No 🗆  |  |  |
| If no, would you like to? Yes No No   |  |  |

| Student signature:                       | Date: |
|--|-------|
|  |       |
| Did you have help to complete this form? |       |
| Yes                                      |       |
| No 🗆                                     |       |
|  |       |
| Adult signature:                         | Date: |

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