

Parent consultation survey

1. What year level(s) is your child/children in?

Tick all that currently apply.

☐ 9☐ 10☐ 11☐ 12☐ 13

2. Which ethnic group(s) describe your family?

Tick all that apply.

Please state further details where applicable e.g. iwi, nationality, or cultural group

☐ Māori☐ European/Pākehā☐ Pasifika☐ Asian☐ Middle Eastern, Latin
American, or African☐ Other

3. Read, consider and discuss the draft delivery statement, and then respond to the following:

a) What is your level of agreement with the overall intent of the health education draft delivery statement? Please select ONE option.

☐ I agree with the statement☐ I agree partly with the
statement☐ I don't agree with the
statement☐ I'm unsure and need more
information

- b) If you partly or do not agree with the delivery statement, please provide us with further information describing what you think needs to change. OR what further information do you need to be able to respond?**

4. Read, consider and discuss the overview of the health education programme, and then respond to the following:

- a) What is your level of agreement with the overall intent of the health education programme? Please select ONE option.**

☐ I agree with the statement

☐ I agree partly with the statement

☐ I don't agree with the statement

☐ I'm unsure and need more information

- b) What would you consider to be a highlight or a strength of the school's health education programme?**

- c) If you partly or do not agree with the overview of the health education programme, please provide us with further information describing what you think needs to change, your questions, or the nature of your concerns. OR what further information do you need to be able to respond?**