

# Evaluation of the community consultation process

## A questionnaire to be completed by:

- The Head of Health Education
- Senior leader and/or Board of Trustee member directly responsible for/involved in the consultation process

Once the collection, analysis and interpretation of the consultation data is completed, leaders of the consultation process will need to reflect on and record the main points raised. This evaluation can be used as evidence for professional learning portfolios to show that relevant teaching standards have been met.

## Evaluation questions

- 1. What approach was taken for the consultation process, and why this approach at this time?** Include mention of who was consulted and by what methods.
- 2. How many people provided consultation feedback?** Include parents (and specific groups of parents e.g. different ethnic or cultural groups), other community members, HPE teachers, non-HPE teacher responses, and students.
- 3. Did we receive enough feedback from each group to consider it representative of our community?** Why or why not? What are the implications of this in future?
- 4. Thinking about the level of parent engagement and the number and quality of responses, what profile can we paint of who provided consultation feedback?** (If any) which parent group was not adequately consulted? Are there groups of parents we should target to get greater representation? How do we know this? What else can we do now or in future?
- 5. Are there other community members we need to engage with to consult with parents (e.g. cultural leaders)?**
- 6. (If any) What issues did parents raise that led to us modifying the delivery statement, and/or the programme overview?** What did we have to consider when making these changes/what were the implications for the health education programme (e.g. new resourcing, teacher PLD, or revising health education curriculum documentation)? When were/when will the required changes be made?

- 7. (If any) What issues did parents raise that were problematic for us (e.g. suggestions that were inconsistent with school, vision, principles and values, or the NZC, or teacher practice – things like parent recommendations about the way specific topics are taught, or what content is/is not included)?** How did we adequately resolve these? Are there any further implications arising from these issues? If so what, and what sort of action is needed to resolve the situation e.g. more parent education, engaging other community members to advocate on behalf of the school, a senior leadership solution as part of broader curriculum design and teaching.
- 8. Which way(s) of providing information for parents about health education proved more (or less) effective?** Why was this?
- 9. Which way(s) of collecting health education consultation feedback from parents proved to be more (or less) effective?** Why was this?
- 10. Are there any consultation-related activities we need to implement before the next consultation phase begins e.g. informing and consulting with a specific parent group?** How will we do this?
- 11. What recommendations do we have for the next consultation cycle?** Include what to do and what not to do. Think about the different groups to be consulted and the methods by which they can be meaningfully, strategically, but also economically (thinking about time and resources) engaged in the consultation process.
- 12. What did we learn from this process about our community and their understanding or perceptions of health education?** What were our realisations as teachers and leaders?

**Attach this evaluation to the Board of Trustees summary and the finalised delivery statement and health education programme overview.**