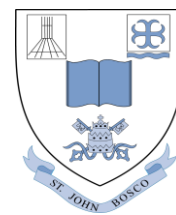


Enjoy Embrace Excel



Relationships and Sex Education Parent Questionnaire – What do you think?

Which Year Group(s) is are your child/children in?

Rec Year 1 Year 2 Year 3 Year 4 Year 5 Year 6

Please circle

Do you feel able to talk to your child about sexual matter? Yes/No

Comment.....

.....

Are you aware of the school's current policy on Relationships, Sex and Health Policy, which is on the school website? Yes/No

Comment.....

.....

Would you like the school to arrange a class meeting to discuss relationships and sex education programme and to show resources that will be used? Yes/No

Comment.....

.....

Do you think some aspects of sexual health should be taught in single sex groups?

Yes/No

Comment.....

.....

Which of the following topic would you like to see covered in school? (tick as many for your child's age group)

- ☐ Growing and Changing
- ☐ Feelings
- ☐ Keeping safe (including internet and social networking)
- ☐ Keeping yourself clean and healthy
- ☐ Someone to talk to
- ☐ Friends/Friendships and how to be a good friend
- ☐ Families of all kinds
- ☐ Choices and Consequences
- ☐ Gender stereotypes (Key Stage 1) Gender & Sexuality (Key Stage 2)
- ☐ Male and Female body parts/age appropriate
- ☐ Reproduction and Birth (Key Stage 2 only)
- ☐ Other(please specify).....