

Parent/Guardian/Family and Staff Mental Health and Well-being Questionnaire Example

Family Wellness Check Questionnaire

1. How are you feeling health wise?
2. How is your child feeling health wise?
3. Have you or someone you live with tested positive for Covid 19 in the last week?
4. How can (name of the school) help your family?

Staff Well-being Questionnaire

1. How are you feeling holistically in your job this week? (10 means I'm feeling great and 1 means I'm really feeling low)
2. If applicable, how much have you enjoyed the classroom experience this week? (10 means it has been fantastic and 1 means it's been challenging)
3. How are you coping with your workload this week? (10 means I am coping well and 1 means it's been a struggle)
4. Do you have any Covid related anxieties?

Provided by Angie Marchant

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