



Point of Exit Survey

Dear Parent/Guardian/Carer

At the time of your leaving, I invite you to provide feedback on your experiences and reflections at this school. This information will be used as part of our school improvement processes. You may tick more than one box in each section.

Family name: _____

Student name/s: _____

Student year level/s: _____ **Date:** _____

Thank you for taking time to complete this survey, it is most appreciated.

Kind regards

Dr Patrick Coughlan
Executive Director: Catholic Schools
Diocese of Toowoomba

Q1. What are the main reasons for your decision to leave our school?

- Family moving to another town/location
- Financial hardship
- Dissatisfaction (please provide detail) _____

- Other (please provide detail) _____
- _____

Q2. Have you ever recommended our school to other people?

- Often
- Occasionally
- Never

Comment (if you wish to) _____

Q3. What were the things you liked most about this school?

- Quality of teaching/learning
- Catholic ethos
- Resources and facilities
- Other (please provide detail) _____
- Sense of community
- Location
- Size of school

Q4. Are there any things you would like to see changed in our school?

- No
- Yes (please provide detail) _____

Q5. What school is your child transferring to? _____

Q6. Is there any other comment you would like to make? _____

Q7. Forwarding contact details: _____

Return Address:
Executive Director
Catholic Schools Office
PO Box 813
TOOWOOMBA QLD 4350