

Classroom Pulse Check In

Welcome to the *Classroom Pulse Check In*.

This *Check In* has been developed to find out how you are feeling about your experience in school.

We believe that every student matters and that your relationships, identity, belonging, and learning are essential to your success in your school.

Life in school has its ups and downs but we know that your teachers want to understand how you feel so they are able to support you in meeting any social, emotional, or learning needs that you may have.

Your answers to the questions will be used to help us, to help you in becoming a thriving person, capable learner and leader for the world God desires.

There are 11 questions.

Student Details

Student Name: *

Please write your answer here:

First Name Last Name

Example: John Smith

Student Class: *

Please write your answer here:

Student Year Level: *




❗ Choose one of the following answers
Please choose **only one** of the following:

- Reception
- Year 1
- Year 2
- Year 3

Classroom Wellbeing Check In




My teacher cares for me *

Please choose **only one** of the following:

-  Most of the time
-  Sometimes
-  Not very often




I enjoy school *

Please choose **only one** of the following:

-  Most of the time
-  Sometimes
-  Not very often




I have friends at school *

Please choose **only one** of the following:

-  Most of the time
-  Sometimes
-  Not very often




My teacher helps me when I have problems *

Please choose **only one** of the following:

-  Most of the time
-  Sometimes
-  Not very often




I am learning at school *

Please choose **only one** of the following:

-  Most of the time
-  Sometimes
-  Not very often




I can have a say in my learning *

Please choose **only one** of the following:

-  Most of the time
-  Sometimes
-  Not very often




I feel safe at school *

Please choose **only one** of the following:

-  Most of the time
-  Sometimes
-  Not very often

I feel I belong in this school *

Please choose **only one** of the following:

-  Most of the time
-  Sometimes
-  Not very often

Thankyou for completing the *Classroom Pulse Check In*.