***Return to School Centre*, Evans High School**

**Student Evaluation Survey**

Please complete and return this form to Evans High School approximately one week after student returns to school, Evans-RSC@det.nsw.edu.au

Name: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year/Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

*Please circle / answer where appropriate.*

1) Do you think there was a positive (+) change in the way you feel about school? **Yes No**

2) Do you think attending the *Centre* has helped you? How? **Yes No**

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3) Do you think that the work and activities you did at the *Return to School Centre* have helped you? How? **Yes No**

Comment:

4) Do you feel you had a chance to deal with the reasons why you were suspended? Has it helped? **Yes No**

Comment:

5) What else could the Centre do to help suspended students get back to school without being suspended again?

6) What would you say to students who are thinking about attending the centre?

7) Do you have anything else you would like to add?

Thank you for your support,

Priti Mann

Acting HT *Return to School Centre*