

# Non-association independent schools inspections and outcomes: frequency of publication of statistics

Consultation questionnaire

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## Questionnaire

### Confidentiality

The information you provide will be held by us. It will only be used for the purposes of consultation and research to help us to become more effective, influence and inform inspection and regulatory practices.

We will treat your identity in confidence, if you disclose it to us.

Are you responding on behalf of an organisation?

- Yes  please complete Section 1 and 2 with the following questions  
 No  please complete Section 2 with the following questions

### Section 1

If you would like us to consider publishing the views of your organisation, please indicate this below.

Organisation: \_\_\_\_\_

### Section 2

Which of the below best describes you? Please tick one option.

Employed in a school (e.g. teacher, headteacher, governor, proprietor etc.)	<input type="checkbox"/>	Parent	<input type="checkbox"/>
Person with an interest in our data	<input type="checkbox"/>	Government department	<input type="checkbox"/>
Research organisation	<input type="checkbox"/>	Leader/Manager in a multi academy trust	<input type="checkbox"/>
Press	<input type="checkbox"/>	Leader/Manager in a local authority	<input type="checkbox"/>
Professional organisation	<input type="checkbox"/>	Member of Parliament	<input type="checkbox"/>
Other (please specify)			

**Reducing the number of releases of official statistics from twice to once per year and publishing additional management information on non-association independent schools three times each year.**

**Question 1**

We propose to reduce the number of releases of official statistics from two to once per year; and publish management information on non-association independent schools three times each year.

For more information about this proposal see paragraphs 9 to 13 of this consultation document.

Do you...

Strongly agree <input type="checkbox"/>	Agree <input type="checkbox"/>	Neither agree nor disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Strongly disagree <input type="checkbox"/>	Don't know <input type="checkbox"/>
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Please add any comments to support your response

## What did you think of this consultation?

As part of our strategic plan, we are committed to monitor whether or not our consultations are accessible to those wishing to take part.

### How did you hear about this consultation?

- Ofsted website
- Ofsted News, our monthly newsletter
- Ofsted conference
- Twitter (@ofstednews)
- Another organisation (please specify, if known)
- Other (please specify)

**Please tell us what you thought of this consultation by answering the questions below.**

	Agree	Neither agree nor disagree	Disagree	Don't know
I found the consultation information clear and easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found the consultation easy to find on the Ofsted website.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had enough information about the consultation topic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would take part in a future Ofsted consultation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Is there anything you would like us to improve or do differently for future consultations? If so, please tell us below.**

## Additional questions about you

Your answers to the following questions will help us to evaluate how successfully we are communicating messages from inspection to all sections of society. We would like to assure you that completion of this section is optional; you do not have to answer any of the questions. All responses are confidential.

Please tick the appropriate box.

### 1. Gender

Female <input type="checkbox"/>	Male <input type="checkbox"/>
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### 2. Age

Under 14 <input type="checkbox"/>	14–18 <input type="checkbox"/>	19–24 <input type="checkbox"/>	25–34 <input type="checkbox"/>	35–44 <input type="checkbox"/>	45–54 <input type="checkbox"/>	55–64 <input type="checkbox"/>	65+ <input type="checkbox"/>
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### 3. Ethnic origin

(a) How would you describe your national group?

- British or mixed British
- English
- Irish
- Northern Irish
- Scottish
- Welsh
- Other (specify if you wish)

(b) How would you describe your ethnic group?

<b>Asian</b>		<b>Mixed ethnic origin</b>	
Bangladeshi	<input type="checkbox"/>	Asian and White	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Black African and White	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Black Caribbean and White	<input type="checkbox"/>
Any other Asian background (specify if you wish)	<input type="checkbox"/>	Any other mixed ethnic background (specify if you wish)	<input type="checkbox"/>
<b>Black</b>		<b>White</b>	
African	<input type="checkbox"/>	Any White background (specify if you wish)	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	<b>Any other ethnic background</b>	
Any other Black background (specify if you wish)	<input type="checkbox"/>	Any other background (specify if you wish)	<input type="checkbox"/>
<b>Chinese</b>			
Any Chinese background (specify if you wish)	<input type="checkbox"/>		

#### 4. Sexual orientation

Heterosexual <input type="checkbox"/>	Lesbian <input type="checkbox"/>	Gay <input type="checkbox"/>	Bisexual <input type="checkbox"/>
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#### 5. Religion/belief

Buddhist	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Any other, please state:	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	None	

## 6. Disability

Do you consider yourself to have a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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