

**LEARNING, CULTURE & CHILDREN'S SERVICES
GOVERNOR SUPPORT & DEVELOPMENT SERVICE**

SCHOOL GOVERNOR EXIT QUESTIONNAIRE

Dear Governor

Thank you for the time and commitment you have dedicated to being a school governor. It would be extremely helpful to the development of governor support within the City of York if you could take the time to complete this questionnaire and return it to me in the FREEPOST envelope provided.

If you would prefer to complete this form electronically, please email me at sue.pagliaro@york.gov.uk.

With thanks for your assistance.

Sue Pagliaro
Manager, Governor Support & Development Service

PERSONAL DETAILS	
Name:	
Address:	
	Postcode:

POST DETAILS		
School:		
For how long did you serve as a governor?	Years:	Months:
What category of governor were you (eg parent/community):		
If you held any office (eg chair of governors/subject link) please state:		

REASON(S) FOR LEAVING (please tick all relevant)		
End of term of office	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Workload too great	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Work commitments	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Family commitments	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ill health	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other (please detail):		

SUPPORT YOU RECEIVED AS A GOVERNOR		
Did you attend governor training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you didn't attend training, please tell us why:		
Did you find the termly mailout from the Local Authority useful (Governor Dispatch etc)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you didn't find it useful, please tell us why:		
Did you ever contact the School Governor Support & Development Service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did the call resolve your query?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not, please tell us why:		
As a new governor, did you have a mentor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
As a new governor, did your governing body offer any induction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you consider being a governor again in the future?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not, please tell us why:		

OTHER INFORMATION
Is there anything else you would like to tell us about your experience of being a school governor?:

**Thank you for taking the time to complete this questionnaire.
We very much value your comments.**