

THE EDUCATIONAL INSTITUTE OF SCOTLAND
MONITORING OF HM INSPECTIONS OF SCHOOLS

Name of School Address	
Education Authority	Dates of Inspection
SECTOR <input type="checkbox"/> Nursery <input type="checkbox"/> Primary Special <input type="checkbox"/> Primary <input type="checkbox"/> Secondary Special <input type="checkbox"/> Secondary <input type="checkbox"/> Primary/Nursery	
TYPE OF INSPECTION e.g. Full inspection, Short inspection, Localised thematic or Neighbourhood model. (Please Specify)	
WHO WAS INVOLVED: Education Scotland or Both Education Scotland and the Care Inspectorate. (Please Specify)	
Any other relevant information about inspection format e.g. additional health and nutrition focus, unannounced, follow-up, etc.	
1a) Were staff briefed prior to the inspection	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> BOTH <input type="checkbox"/> Y/N <input type="checkbox"/> D/K
1b) Were there any workload issues relating to documentation required prior to or during the inspection by HM Inspectors?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> BOTH Y/N <input type="checkbox"/> D/K
2) Were you satisfied that the questionnaire issued to staff was confidential?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> BOTH Y/N <input type="checkbox"/> D/K
3) Were you satisfied with the level and quality of professional dialogue with Education Scotland?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> BOTH Y/N <input type="checkbox"/> D/K
4) Was time for professional dialogue counted as CPD?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> BOTH Y/N <input type="checkbox"/> D/K
5) Were high level messages from the inspection shared with staff by SMT at the end of the inspection?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> BOTH Y/N <input type="checkbox"/> D/K
6) Were post inspection activities discussed with teaching staff?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> BOTH Y/N <input type="checkbox"/> D/K
7a) Did your Local Authority provide support prior to inspection?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> BOTH Y/N <input type="checkbox"/> D/K
7b) Did your Local Authority provide support post inspection?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> BOTH Y/N <input type="checkbox"/> D/K

Please provide information on your overall experiences of the inspection process with regards to the following:

Notification/Pre-inspection/associated documentation

During Inspection

Please provide information on the actions of the Local Authority throughout the inspection period from notification to discussion of the Summary of Inspection Findings (SIF)

Summary of Inspection Findings – Do you believe that the SIF helped the school? YES NO

Did the SIF reflect the oral feedback? YES NO

Any other comments relevant to the inspection process:

We have tried to make this questionnaire as short as possible. Supplementary information may be attached if necessary.

Information contained in your response will be treated as confidential and the source will not be revealed in any discussions with the Inspectorate.

Please return the completed form to Christina Starko at Cstarko@eis.org.uk

August 2019