



SCHOOL DISTRICT NO. 50 (HAIDA GWAI)
BOARD POLICY MANUAL

D.9.1 (4610-1)

EXIT SURVEY FORM

Adopted: June 2005
Last Revision: \_\_\_\_\_

Dear Parent/Guardian:

We at School District No. 50 (Haida Gwaii) are sorry to learn that you are leaving our school. Our students are very important to us and we ask that you complete this survey so that we may take steps necessary to improve our school system.

STUDENT INFORMATION (Please check the appropriate boxes)

Number of children leaving: [ ] 1 [ ] 2-3 [ ] 3+
Level: [ ] Primary (K-3) [ ] Intermediate (4-7) [ ] Secondary (8-12)

REASON FOR LEAVING THE SCHOOL

Family moving [ ] Student leaving the community [ ]
Graduating from Grade 12 [ ] Home Schooling [ ]
Transfer to E School [ ]
Other \_\_\_\_\_

FACTORS IN DECISION (Please indicate, by checking all applicable boxes, the factors in your decision to have your child leave our local school system.)

A. CURRICULAR PROGRAMS

ELEMENTARY PROGRAMS Do not consider these challenging enough [ ]
Not enough choices [ ]
Lack of specific courses [ ]
SECONDARY PROGRAMS Do not consider these challenging enough [ ]
Not enough choices [ ]
Lack of specific courses [ ]

Comments \_\_\_\_\_

B. EXTRA CURRICULAR PROGRAMS

Lack of enrichment/gifted programs [ ]
Lack of academic support [ ]
Lack of interschool activities [ ]
Lack of extracurricular activities at the elementary level [ ]

Lack of extracurricular activities at the secondary level   
 Lack of support for the specific needs of my child

Comments \_\_\_\_\_

**C. SOCIAL/ENVIRONMENTAL**

Behaviour of my child   
 Behaviour of other students   
 Interaction of my child with other students   
 Interaction of my child with teachers   
 Interaction of my child with administration   
 School climate

Comments \_\_\_\_\_

**D. OTHER EDUCATIONAL FACTORS**

Differing educational philosophies   
 Concern with level of support from District   
 Concern with level of support from school   
 Concern with level of support in the classroom

Comments \_\_\_\_\_

**E. COMMUNITY**

Lack of community services (e.g. Recreational, social, health)   
 Desire for the student to experience a fuller social/artistic life (e.g. The Arts, theatre, music)   
 Desire for the student to experience a fuller athletic life (e.g. Teams, coaching, lessons)

Comments \_\_\_\_\_

**RATING SCHOOL SYSTEM**

Using the following scale to rate the programs and services of School District No. 50 (Haida Gwaii) please complete this survey:

1—Poor      2—Adequate      3—Good      4—No Opinion

Elementary School Programs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Secondary School Programs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Special Needs Programs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Elementary Extra Curricular Activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Secondary Extra Curricular Activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Elementary Elective Programs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Secondary Elective Programs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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THIS SECTION IS OPTIONAL

Your name \_\_\_\_\_

Your child(ren) \_\_\_\_\_

Your signature \_\_\_\_\_

**Additional Comments:**

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