Pupil Voice Confidence Questionnaire

The Education People

Name: | Year group: | Date:

Circle one face per subject!

How I feel in lessons

Subject	Confident	OK	Worried	How the teacher can help me to be more confident.
	😊	😐	😟	
	😊	😐	😟	
	😊	😐	😟	
	😊	😐	😟	
	😊	😐	😟	
	😊	😐	😟	
	😊	😐	😟	

Any other worries I may have:

How I like to learn:

How I don't like to learn:

What I like to do when I am not at school: