**Student Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Full Name: |  | | |
| Grade/Class: |  | Teacher’s Name: |  |

**Parent/Guardian Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | | |
| Relationship to Student: |  | Phone & Email Address: |  |

**Conference Feedback Sections**

**1. Conference Scheduling**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How convenient was the scheduling of the conference? | Very Convenient | Convenient | Neutral | Inconvenient |
| Very Inconvenient | |  | |
| **Comments:** |  | | | |

**2. Conference Structure**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Was the conference well-organized and structured? | Strongly Agree | Agree | Neutral | Disagree |
| Strongly Disagree | |  | |
| **Comments:** |  | | | |

**3. Discussion of Academic Progress**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How effectively did the teacher communicate your child's academic progress? | Very Effectively | Effectively | Neutral | Ineffectively |
| Very Ineffectively | |  | |
| **Comments:** |  | | | |

**4. Discussion of Strengths and Areas for Improvement**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How clearly did the teacher discuss your child's strengths and areas for improvement? | Very Clearly | Clearly | Neutral | Unclear |
| Very Unclear | |  | |
| **Comments:** |  | | | |

**5. Action Plan and Goals**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How well did the teacher collaborate with you to set goals and an action plan for your child? | Very Well | Well | Neutral | Poorly |
| Very Poorly | |  | |
| **Comments:** |  | | | |

**6. Communication and Responsiveness**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How responsive and communicative was the teacher during the conference? | Very Responsive | Responsive | Neutral | Unresponsive |
| Very Unresponsive | |  | |
| **Comments:** |  | | | |

**7. Overall Experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How satisfied are you with the overall conference experience? | Very Satisfied | Satisfied | Neutral | Dissatisfied |
| Very Dissatisfied | |  | |
| **Comments:** |  | | | |

**8. Suggestions for Future Conferences**

**Please provide any suggestions you have for improving future parent-teacher conferences:**

|  |
| --- |
|  |
|  |
|  |
|  |

**Signature**

* Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ (DD/MM/YYYY)

**Thank you for your valuable feedback! Your input is important to us and helps us improve the effectiveness of our parent-teacher conferences.**