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| [School Name]  [Street Address, City, ST ZIP Code]  [phone number] | [website address] | Parent Feedback Form Teacher Evaluation |

[Date]

Parental input now is considered as part of teacher evaluations. If you would like to provide input, please complete this questionnaire, sign it and return it in a sealed envelope.

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| [Name] |  | Address |
| Email/Phone/Fax |  | [Child’s Name] |
| Grade [Class] |  | School Year |

Complete the questionnaire by choosing the most appropriate answer for each question

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| The teacher engages in frequent and informative communications with the parent about student progress, attendance, behavior, curriculum topics and objectives. Communication may include updates in Power School or other means of communication. | Choose an item. |
| The teacher is approachable and open to parental input. | Choose an item. |
| The teacher maintains a classroom environment in which my child feels safe. | Choose an item. |
| The teacher administers discipline appropriately and consistently. | Choose an item. |
| The teacher provides homework/practice that supports classroom learning | Choose an item. |
| The teacher provides my child and family with information about classroom expectations and support for learning at home. (Back-to School Night, parent conferences, course syllabus, etc.). | Choose an item. |
| Classroom work demonstrates the appropriate level of difficulty for my child. | Choose an item. |
| The teacher knows the content area and how to teach it | Choose an item. |
| The teacher treats my child with respect and care. | Choose an item. |
| The teacher acknowledges individual needs and provides appropriate individual assistance to engage my child in learning. | Choose an item. |
| Are you satisfied with your child’s overall classroom experience as provided by this teacher? | Choose an item. |
| My overall satisfaction with the teacher is high | Choose an item. |

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| YES/NO | Do you attend parent-teacher conferences? | YES/NO | Do you attend back-to-school activities? |
| YES/NO | Do you regularly attend school functions? | YES/NO | Do you contact your child’s teacher via phone, email or other means? |
| YES/NO | Were you provided with a timely copy of your child’s report cards? | YES/NO | Do you volunteer in your child’s classroom |

### Please mention your addition comments

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| --- | --- | --- |
| [Printed Name] |  |  |
|  |  |  |
| Signature |  | Date |