

PARENT OR GUARDIAN INPUT FORM

CLASSROOM TEACHER EVALUATION

TEACHER: _____

GRADE(S)/CLASS(ES): _____

SCOOOL YEAR: _____

Instructions:

1. Please complete the evaluation by circling the most appropriate number.
2. This form should be placed into the box located at _____ or mailed to:
 - a. [Insert Address]
3. Only one form should be completed by each parent for this teacher for each school year.
4. If a parent has a concern with regard to an event occurring in their child's classroom and wishes to more directly address this issue, please understand that this form alone will not directly address the parental concern. The parent should raise the concern with the teacher and/or building administration.
5. Please offer specific comments when possible. Specific comments will be considered in the preparation of the teacher's evaluation and will aid both the District and the teacher in addressing performance.

Area of Evaluation	Agree	Disagree			Don't know	
1. The teacher engaged in frequent and informative communications with the parent about student progress, attendance, behavior, curriculum topics and objectives.	1	2	3	4	5	0
	Comment:					
2. The teacher provided adequate suggestions for home support of learning.	1	2	3	4	5	0

	Comment:
3. Teacher is approachable, open to parental communication and parental input.	1 2 3 4 5 0 Comment:
4. Teacher is respectful of family's culture and the social expectations of the family for the child.	1 2 3 4 5 0 Comment:
5. Teacher maintains a classroom in which my child feels physically and emotionally safe.	1 2 3 4 5 0 Comment:
6. Teacher administers discipline fairly and consistently.	1 2 3 4 5 0 Comment:
7. Teacher provides curriculum-based and developmentally appropriate homework.	1 2 3 4 5 0

	Comment:
8. Teacher has provided child and family with knowledge of class expectations.	1 2 3 4 5 0 Comment:
9. Classroom work demonstrated the appropriate level of difficulty for my child.	1 2 3 4 5 0 Comment:
10. The teacher knows the content area and how to teach it.	1 2 3 4 5 0 Comment:
11. Teacher treated my child with respect, care and knowledge of my child's needs.	1 2 3 4 5 0 Comment:
12. Teacher appropriately monitored and assessed student learning.	1 2 3 4 5 0 Comment:

13. Teacher provided appropriate individual assistance to my child.	1 2 3 4 5 0 Comment:
14. Were you satisfied with your child's overall school experience as provided by this teacher?	1 2 3 4 5 0 Comment:
Did you attend parent/teacher conferences?	YES NO
Did you attend Open House?	YES NO
Were you provided with a timely copy of your child's report cards?	YES NO
Did your child's teacher ever contact you via telephone?	YES NO
Did your child's teacher provide you information regarding your child and/or class activities via e-mail?	YES NO
Did your child's teacher provide you information regarding your child and/or class activities via notes sent home to you?	YES NO
Did you ever visit your child's classroom?	YES NO
Did you ever volunteer in your child's classroom?	YES NO

Any additional comments you wish to share not covered by the above questions (**please feel free to attach a separate page**):

Please complete and sign the form and place in a sealed envelope. Name:

Signature: _____

Date: _____

Telephone No.: _____

Policy History:

Adopted on: 05/13/2013

Revised on: