PARENT OR GUARDIAN INPUT FORM
FOR CLASSROOM TEACHER EVALUATION

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.

Teacher:

Grade(s)/Class(es):

School Year:

Parent's Name:

(please print)

Telephone number: Date:

Signature:

Instructions:
1. When you have completed this questionnaire, sign it and place it in a sealed envelope. (Please note, only signed parent input forms will be considered.)
2. Return the completed form in a sealed envelope to the school office or mail it to the school.
3. Complete the questionnaire by circling the most appropriate answer for each question.
4. Each parent can complete one parent input form for each teacher for each school year.
5. If a parent has a concern about a current issue in their child's classroom, the parent should raise that concern with the teacher and/or principal so it can be addressed in a direct and timely manner. This form was not designed to address specific classroom concerns.
6. Whenever possible, please offer specific comments, which will be considered in the preparation of the teacher's evaluation and will aid both the district and the teacher in enhancing performance.
7. Please use appropriate language in all comments.
8. Unsigned forms will not be reviewed.

Area of Evaluation	Agree				Disagree	Don't Know
1. 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.	1	2	3	4	5	0
	Comment:					
2. The teacher is approachable and open to parental input.	1	2	3	4	5	0
	Comment:					
3. The teacher maintains a classroom environment in which my child feels safe.	1	2	3	4	5	0
	Comment:					
4. The teacher administers discipline appropriately and consistently.	1	2	3	4	5	0
	Comment:					
5. The teacher provides homework/practice that supports classroom learning.	1	2	3	4	5	0
	Comment:					
6. 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.).	1	2	3	4	5	0
	Comment:					
7. Classroom work demonstrates the appropriate level of difficulty for my child.	1	2	3	4	5	0
	Comment:					

Area of Evaluation	Agree Disagree Don't Know
8. The teacher knows the content area and how to teach it.	1 2 3 4 5 0 Comment:
9. The teacher treats my child with respect and care.	1 2 3 4 5 0 Comment:
10. The teacher acknowledges individual needs and provides appropriate individual assistance to engage my child in learning.	1 2 3 4 5 0 Comment:
11. Are you satisfied with your child's overall classroom experience as provided by this teacher?	1 2 3 4 5 0 Comment:
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?	YES NO

Please share any additional comments not covered by the questions above (attach a separate page, if needed).

_____

_____

_____

_____

_____

Please complete and sign this form, place it in a sealed envelope and return it to the school office or mail it to the school.

_____

Printed Name

_____   _____

Signature   Date

_____

Telephone Number