

Alaska Gateway School District
PARENT FEEDBACK - TEACHER FORM

Dear Parent: As part of our teacher evaluation system, we are asking parents to provide us information about how well our teachers work with families. Please take a few minutes to respond to the following statements by placing an "X" in the column which best describes your experience with this teacher. Completed forms should be delivered to the school office, **NOT TO THE TEACHER**. Parent comments will be summarized and given to the teacher. Individual responses **will not** be identified. Thank you for your help.

_____ (teacher's name)

This teacher:	Never	Some- times	Often	Always	Don't Know
discusses and responds to my concerns about my child's learning.					
informs me of my child's achievements and problems in a timely manner.					
treats my child like an individual, not just a part of the group.					
expects my child to behave in class.					
expects my child to do well and stay on task in class.					
ensures that my child is learning the subject matter in class; if not, this teacher seeks other resources for the student.					
keeps an orderly and businesslike classroom.					
has a positive and friendly attitude.					
is a positive role model for my child.					
keeps a productive, professional relationship with me.					
works to make the subject matter interesting.					
is available to my child for extra help as needed in problem areas.					
makes me feel comfortable in contacting him/her concerning my child.					
recognizes and provides for students with special learning needs.					
handles disciplinary actions fairly.					
has been helpful in providing me with information/suggestions on how I can help my child.					
welcomes parents to participate or volunteer in class.					
gives clear directions to my child on homework assignments and is open to questions.					
seems to know the subject matter being taught well.					
takes time to schedule parent/teacher conferences.					

(form is continued on back)

Have you personally met this teacher? yes _____ no _____

Have you visited this teacher's classroom? yes _____ no _____

Have you asked this teacher for:

• an overview of class content and goals? yes _____ no _____

• ideas for supporting learning at home? yes _____ no _____

Have you received:

• an overview of class content and goals? yes _____ no _____

• ideas for supporting learning at home? yes _____ no _____

Comments:

Forms must be signed to be considered.

Parent Signature

Parent's Printed Name

Date