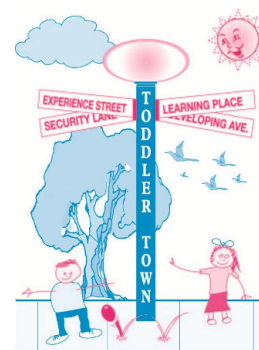


Parent Evaluation Form

Name of Teacher: _____

Date: _____



<p>Do you feel that this teacher is informative and thorough when providing feedback on your child's progress? Is there as much positive feedback as well as identification of areas of growth? Please comment by giving a specific example below:</p>	<p>Choose One:</p> <p><input type="checkbox"/> Always</p> <p><input type="checkbox"/> Usually</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Rarely</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> I don't know</p>
<p>Do you feel that this teacher is available to provide additional help or support when needed? Please comment giving a specific example below:</p>	<p>Choose One:</p> <p><input type="checkbox"/> Always</p> <p><input type="checkbox"/> Usually</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Rarely</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> I don't know</p>
<p>If you have initiated contact, has the teacher responded to your satisfaction? Please comment by giving a specific example below:</p>	<p>Choose One:</p> <p><input type="checkbox"/> Always</p> <p><input type="checkbox"/> Usually</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Rarely</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> I don't know</p>
<p>Do you and your child feel comfortable when approaching this teacher? Please comment by giving a specific example below:</p>	<p>Choose One:</p> <p><input type="checkbox"/> Always</p> <p><input type="checkbox"/> Usually</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Rarely</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> I don't know</p>

Parent Evaluation Form Continued...

<p>Does this teacher challenge your child so that he/she can reach his/her potential? Please comment by giving a specific example below:</p>	<p>Choose One:</p> <p><input type="checkbox"/> Always</p> <p><input type="checkbox"/> Usually</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Rarely</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> I don't know</p>
<p>Do you feel that you and this teacher have the same goals in supporting your child? Please comment by giving a specific example below:</p>	<p>Choose One:</p> <p><input type="checkbox"/> Always</p> <p><input type="checkbox"/> Usually</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Rarely</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> I don't know</p>
<p>What does this teacher do well? Please list 3 specific answers to support your answer below:</p>	<p>Choose One:</p> <p><input type="checkbox"/> Always</p> <p><input type="checkbox"/> Usually</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Rarely</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> I don't know</p>
<p>In what areas does this teacher need to improve? Please list 3 specific examples to support your answer below:</p>	<p>Choose One:</p> <p><input type="checkbox"/> Always</p> <p><input type="checkbox"/> Usually</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Rarely</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> I don't know</p>