

## **PARENT OR GUARDIAN INPUT FORM**

### **CLASSROOM TEACHER EVALUATION**

**TEACHER:** \_\_\_\_\_

**GRADE(S)/CLASS (ES):** \_\_\_\_\_

**SCHOOL YEAR:** \_\_\_\_\_

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#### **Instructions:**

- 1.) Please complete the evaluation by circling the most appropriate number.
  
  - 2.) This form should be placed into the box located at the school office or mailed to:  
  
Troy Jr. / Sr. High School  
101 Trojan Drive  
Troy ID 83871
  
  - 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.
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Area of Evaluation	Agree	Disagree	Not Observed
1.) The teacher was available and willing to discuss with the parent student progress, attendance, behavior, curriculum topics and objectives.	1	2	0
2.) The teacher provided adequate suggestions for home support of learning.	1	2	0
3.) Teacher is approachable, open to parental communication and parental input.	1	2	0
4.) Teacher is respectful of family's culture and the social expectations of the family for the child.	1	2	0
5.) Teacher maintains a classroom in which my child feels physically and emotionally safe.	1	2	0



<p>11.) Teacher sets high expectations for all students and helps students reach them.</p>	<p>1 2 3 4 5 0</p> <p>Comment:</p>
<p>12.) Teacher appropriately monitored and assessed student learning.</p>	<p>1 2 3 4 5 0</p> <p>Comment:</p>
<p>13.) Teacher provided appropriate individual assistance to my child.</p>	<p>1 2 3 4 5 0</p> <p>Comment:</p>
<p>14.) Were you satisfied with your child's overall school experience as provided by this teacher?</p>	<p>1 2 3 4 5 0</p> <p>Comment:</p>
<p>15.) Did you attend parent/teacher conferences?</p>	<p>YES NO</p>
<p>16.) Did you attend Back to School Night?</p>	<p>YES NO</p>

17.) Were you provided with a timely copy of your child's report cards?	YES NO
18.) Did your child's teacher ever contact you via telephone?	YES NO
19.) Did your child's teacher provide you information regarding your child and/or class activities via e-mail?	YES NO
20.) Did you ever visit 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**):

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

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone No.: \_\_\_\_\_