Parent Evaluation Form

Name of Teacher: ________________________________

Subject: _____________________________________

1. 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 giving a specific example.

   - Always
   - Usually
   - Sometimes
   - Rarely
   - Never
   - I Don’t know

2. Do you feel that this teacher is available to provide additional help or support when needed? Please comment giving a specific example.

   - Always
   - Usually
   - Sometimes
   - Rarely
   - Never
   - I Don’t know

3. If you have initiated contact, has this teacher responded to your satisfaction? Please comment giving a specific example.

   - Always
   - Usually
   - Sometimes
   - Rarely
   - Never
   - I Don’t know

4. Do you and your child feel comfortable when approaching this teacher? Please comment giving a specific example.

   - Always
   - Usually
   - Sometimes
   - Rarely
   - Never
   - I Don’t know
5. Does this teacher challenge your child so that he/she can reach his/her potential? Please explain using specific examples.

6. Do you feel that you and this teacher have the same goals in supporting your child? Please explain using specific examples.

7. What does this teacher do well? Please list 3 specific examples to support your answer.

8. In what areas does this teacher need to improve? Please list 3 specific examples to support your answer.