

INDEPENDENT SCHOOL DISTRICT OF EMMETT #221

PARENT OR GUARDIAN INPUT FORM FOR TEACHER EVALUATION

The input form allows for ongoing parent/guardian input, which is important in improving the quality of education for all our students. You may obtain additional forms from any school office, the school's district office, or the district's web page at www.emmettschools.org.

Copies of the evaluation will be made available to teachers upon request.

Teacher: _____ School: _____

Grade(s)/Class(es): _____ School Year: _____

Check the type of contact(s) you have had with this teacher during this school year (please check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Parent-teacher conferences | <input type="checkbox"/> Telephone conversation(s) | <input type="checkbox"/> Classroom visits |
| <input type="checkbox"/> Open House | <input type="checkbox"/> E-mail | <input type="checkbox"/> Home visits |
| <input type="checkbox"/> Review my child's work | <input type="checkbox"/> Note to or from teacher | <input type="checkbox"/> Other _____ |

Instructions:

- Complete the questionnaire by checking the most appropriate answer for each question.
- Each parent can complete one parent input form for each teacher for each school year.
- Whenever possible, please offer specific comments.
- Please use appropriate language in all comments.
- Unsigned forms will not be reviewed.

Area of Evaluation	Yes	Sometimes	No	Not Sure
1. The teacher engages in frequent and informative communications with the parent about student progress, attendance, behavior, curriculum topics and objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The teacher is approachable and open to parental input.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The teacher maintains a classroom environment in which my child feels safe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The teacher provides homework/practice that supports classroom learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Area of Evaluation	Yes	Sometimes	No	Not Sure
5. 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.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comment:			
6. The teacher treats my child with respect and care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comment:			

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

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

Name (please print): _____ Telephone: _____

Signature: _____ Date: _____