

**PARENT OR GUARDIAN INPUT FORM**  
**CLASSROOM TEACHER EVALUATION**

**TEACHER:**

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

**SCOOOL YEAR:**

**Instructions:**

1. Please complete the evaluation by circling the most appropriate number.
2. This form should be marked "Personnel – Confidential" and delivered to the building principal or mailed to P O Box 130, Plummer ID 83851.
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.

Area of Evaluation	Agree	Disagree	Don't know			
1. The teacher engaged in frequent and informative communications with the parent about student progress, attendance, behavior, curriculum topics and objectives.	1	2	3	4	5	0
	Comment:					
2. The teacher provided adequate suggestions for home support of learning.	1	2	3	4	5	0
	Comment:					

**PERSONNEL**

3. Teacher is approachable, open to parental communication and parental input.	1 2 3 4 5 0  Comment:
4. Teacher is respectful of family's culture and the social expectations of the family for the child.	1 2 3 4 5 0  Comment:
5. Teacher maintains a classroom in which my child feels physically and emotionally safe.	1 2 3 4 5 0  Comment:
6. Teacher administers discipline fairly and consistently.	1 2 3 4 5 0  Comment:
7. Teacher provides curriculum-based and developmentally appropriate homework.	1 2 3 4 5 0  Comment:

8. Teacher has provided child and family with knowledge of class expectations.	1 2 3 4 5 0  Comment:
9. Classroom work demonstrated the appropriate level of difficulty for my child.	1 2 3 4 5 0  Comment:
10. The teacher knows the content area and how to teach it.	1 2 3 4 5 0  Comment:
11. Teacher treated my child with respect, care and knowledge of my child's needs.	1 2 3 4 5 0  Comment:
12. Teacher appropriately monitored and assessed student learning.	1 2 3 4 5 0  Comment:



**PERSONNEL**

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

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

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

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

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

This form will not be considered unless you sign it.

Policy History:

Adopted on: 9/14/2011

Revised on: