

Teton School District 401

Classroom Teacher Evaluation/ Parent or Guardian Input Form

Teacher: _____

Grade/Class: _____

School Year: _____

Your Name (please print): _____

Your signature: _____

***Only signed evaluations will be considered in teacher evaluations**

*** This form should be returned to the school principal or secretary.**

One form should be completed by each parent for this teacher for each school year. If a parent has a concern regarding an event occurring in their child's classroom, please understand that this form alone will not directly address that concern. The parent should raise the concern with the teacher first, then with the principal if needed. *Please offer specific comments when possible, they will be considered in the teacher's evaluation by the principal.*

Complete the evaluation by circling the most appropriate answer.

1. The teacher provided communication to the parent about student progress. YES NO

Comments:

2. The teacher is approachable and open to parental communication and input. YES NO

Comments:

3. The teacher maintains a classroom in which my child feels physically and emotionally safe. YES NO

Comments:

4. The teacher administers discipline fairly and consistently, according to school district policy. YES NO

Comments:

5. The teacher has provided the child and my family with scope & sequences and grading practices. YES NO

Comments:

6. The teacher knows the content area and how to teach it. YES NO

Comments:

7. The teacher treated my child and her/his needs with respect, care, and knowledge. YES NO

Comments:

8. The teacher appropriately monitored and assessed student learning with at least one graded assignment per week

YES NO

Comments:

9. The teacher provided appropriate individual assistance to my child. YES NO

Comments:

10. The teacher provided curriculum-based and developmentally appropriate homework. YES NO

Comments:

Please share your feedback:

Have you been able to attend parent/teacher conferences? YES NO

During the school year have you been able to attend a Back to School event? YES NO

During the school year have you been able to visit your child's classroom? YES NO

During the school year have you had the opportunity to volunteer in your child's classroom? YES NO

Additional Comments: (use the back of this form if needed)

Thank you for completing this evaluation. We value your input.