**Garden Valley School District No. 71**
**PERSONNEL**                                                                              **5340F**


Parent or Guardian Input Form—Classroom Teacher Evaluation

Teacher: _____

Grade(s)/Classes: _____

School Year: _____

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**Instructions:**

1. Please complete the evaluation by circling the most appropriate number.

2. This form should be turned into the front office at the Garden Valley School or mailed to:

   > Garden Valley School District #71
   > PO Box 710
   > Garden Valley ID 83622

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 <br><br>Comment: |

| | |
|---|---|
| 2. The teacher provided adequate suggestions for home support of learning. | 1  2  3  4  5       0<br><br>Comment: |
| 3. The teacher is approachable and open to parental communication and parental input. | 1  2  3  4  5       0<br><br>Comment: |
| 4. The teacher is respectful of the family's culture and the social expectations of the family for the child. | 1  2  3  4  5       0<br><br>Comment: |
| 5. The teacher maintains a classroom in which my child feels physically and emotionally safe. | 1  2  3  4  5       0<br><br>Comment: |
| 6. The teacher administers discipline fairly and consistently. | 1  2  3  4  5       0<br><br>Comment: |
| 7. The teacher provides curriculum-based and developmentally appropriate homework. | 1  2  3  4  5       0<br><br>Comment: |

| | |
|---|---|
| 8. The teacher has provided the child and family with knowledge of class expectations. | 1   2   3   4   5       0 <br><br> Comment: |
| 9. Classroom work demonstrated the appropriate level of difficulty for my child. | 1   2   3   4   5       0 <br><br> Comment: |
| 10. The teacher knows the content area and how to teach it. | 1   2   3   4   5       0 <br><br> Comment: |
| 11. The teacher treated my child with respect, care, and knowledge of my child's needs. | 1   2   3   4   5       0 <br><br> Comment: |
| 12. The teacher appropriately monitored and assessed student learning. | 1   2   3   4   5       0 <br><br> Comment: |
| 13. The teacher provided appropriate individual assistance to my child. | 1   2   3   4   5       0 <br><br> Comment: |

| 14. You were satisfied with your child's overall school experience as provided by this teacher. | 1   2   3   4   5              0<br><br>Comment: |
|---|---|
| Did you attend parent/teacher conferences? | YES                    NO |
| Did you attend Open House? | YES                    NO |
| Were you provided with a timely copy of your child's report cards? | YES                    NO |
| Did your child's teacher ever contact you via telephone? | YES                    NO |
| Did your child's teacher provide you information regarding your child and/or class activities via e-mail? | YES                    NO |
| Did your child's teacher provide you information regarding your child and/or class activities via notes sent home to you? | YES                    NO |
| Did you ever visit your child's classroom? | YES                    NO |
| Did you ever volunteer in your child's classroom? | YES                    NO |

Please add any additional comments you wish to share not covered by the above questions.

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Please complete the form, and place in a sealed envelope, turned into the front office at the Garden Valley School or mailed to:

Garden Valley School District #71
PO Box 710
Garden Valley ID 83622


Name: _____

Signature: _____

Date: _____

Telephone No.: _____




Form History:
Adopted on: 04-10-2018
Revised on:
Revised on: