

Castleford School District

Classroom Teacher Evaluation/ Parent or Guardian Input Form

Teacher: _____ **Grade/Class:** _____

School Year: 2011-2012

Your Name (please print): _____

Your signature: _____

Parent/Guardian Instructions:

1. Please complete the evaluation by circling the most appropriate answer.
2. Only one form should be completed by each parent for this teacher for each school year.
3. If a parent has a concern regarding an event occurring in their child's classroom and wishes to more directly address the 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.
4. 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 address performance.
5. This form should be returned to the district office.
6. Please note: only signed evaluations will be considered in teacher evaluations.

AREA OF EVALUATION	5 points	0 points
1. The teacher provided communication to the parent about student progress. Comments:	YES	NO
2. The teacher is approachable and open to parental communication & input. Comments:	YES	NO
3. The teacher maintains a classroom in which my child feels physically and emotionally safe. Comments:	YES	NO
4. The teacher administers discipline fairly and consistently, according to school district policy. Comments:	YES	NO
5. The teacher has provided the child and my family with scope & sequences and grading practices. Comments:	YES	NO
6. The teacher knows the content area and how to teach it. Comments:	YES	NO

7. The teacher treated my child and her/his needs with respect, care, and knowledge. Comments:	YES	NO
8. The teacher appropriately monitored and assessed student learning with at least one graded assignment per week. Comments:	YES	NO
9. The teacher provided appropriate individual assistance to my child. Comments:	YES	NO
10. The teacher provided curriculum-based and developmentally appropriate homework. Comments:	YES	NO

How satisfied have you been with your child's overall school experience as provided by this teacher? (Circle one)	Strongly satisfied (50 points)	Moderately satisfied (40 points)	Satisfied (30 points)	Somewhat dissatisfied (20 points)	Strongly dissatisfied (0 points)
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Listed below is general information for consideration.		
Do you attend parent/teacher conferences?	YES	NO
Did you attend Open House?	YES	NO
Did your child's teacher ever contact you via telephone?	YES	NO
Did your child's teacher provide information regarding your child and/or class activities via email?	YES	NO
Did your child's teacher provide 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

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