

**Parent or Guardian Input Form
For Classroom Teacher Evaluation**

Shelley School District 60

Under new Idaho legislation, parent and/or student input is now considered part of teacher evaluations. If you would like to provide input, please fill out this questionnaire, sign it, and return it to the building principals office in a sealed envelope.

Teacher: _____ Grade: _____

School Year: _____ Date: _____

Parent or Guardian's Name: _____ (Please print)

Telephone Number: _____

Parent or Guardian's Signature: _____

Instructions:

1. When you have completed this questionnaire, sign it and place it in a sealed envelope. (Please note, only signed parent input forms will be considered.)
2. Return the completed form in a sealed envelope to the school office or mail it.
3. Complete the questionnaire by circling the most appropriate answer for each question.
4. Each parent can complete one parent input form for each teacher for each school year.
5. If a parent has a concern about a current issue, the parent should discuss the concern with the teacher and/or principal so it can be addresses in a timely manner. This form was not designed to address specific classroom concerns.
6. Please be specific when offering comments about your child's teacher. Your input will aid the teacher and the district in enhancing overall performance.
7. Unsigned forms will be reviewed.

Area of Evaluation	Level of Performance- circle one	Comments
1. I was given updates on my student's progress such as midterm grades or semester grades.	Strongly disagree Disagree Neutral Agree Strongly agree	
2. The teacher treats my child with respect and care.	Strongly disagree Disagree Neutral Agree Strongly agree	

3. The teacher is approachable and open to parental input.	Strongly disagree Disagree Neutral Agree Strongly agree	
4. The teacher provides homework/practice that supports classroom learning.	Strongly disagree Disagree Neutral Agree Strongly agree	
5. The teacher maintains a classroom environment in which my child feels safe.	Strongly disagree Disagree Neutral Agree Strongly agree	
6. When addressing a concern, the teacher contacted me in a timely manner.	Strongly disagree Disagree Neutral Agree Strongly agree Not applicable	
7. I was given suggestions or techniques by the teacher on how to help my child at home with school work.	Strongly disagree Disagree Neutral Agree Strongly agree	
8. Classroom work demonstrates the appropriate level of difficulty for my child.	Strongly disagree Disagree Neutral Agree Strongly agree	
9. The teacher has high academic expectations for my child.	Strongly disagree Disagree Neutral Agree Strongly agree	
10. Are you satisfied with your child's overall classroom experience as provided by this teacher?	Strongly disagree Disagree Neutral Agree Strongly agree	
Do you attend parent-teacher conferences?	Yes	No
Do you attend back-to-school activities?	Yes	No
Do you check to see if your child has homework each night or if they completed their homework each night?	Yes	No
Do you contact your child's teacher via phone, e-mail, or text?	Yes	No
Do you volunteer in your child's classroom?	Yes	No

Please share any additional comments not covered by the questions above.

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

Printed Name

Date

Signature

Telephone Number