

West Bonner School District 5340 Policy Form N.

**Secondary Classroom Teacher
Parent/Guardian Input Form**

TEACHER: _____

CLASS/SUBJECT: _____ Circle the Class Period: 1 2 3 4 5 6 7 8

GRADE LEVEL: _____

SCHOOL YEAR: 2011-2012

Please complete and sign the form, place in a sealed envelope, and send to the school office by **November 15th**. The Principal will forward the sealed envelopes to the District Office where the results will be summarized and provided to the Principal and the teacher. Staff will not see individual parent/guardian responses.

Please:

1. Circle the most appropriate number/answer.
 2. Place completed form in confidential envelope and return to the school office.
 3. Complete only one form for this teacher per subject. (If your student has this teacher for multiple classes, you may choose to complete multiple forms.)
 4. Offer specific comments when possible and appropriate.
- If you have a concern with regard to an event occurring in your student's classroom and wish to more directly address this issue, please understand that this form alone will not directly address your concern. Please communicate your concern directly with the teacher and/or building administration.

Thank you for taking the time to provide this input.

Parent/Guardian Input	Agree	Disagree	Don't know
1. The teacher engages in frequent and informative communications with the parent about student progress, attendance, behavior, curriculum topics and objectives. (Example: progress reports, PASS, graded papers, classroom outlines, syllabus, e-mails, phone calls, etc.)	5 4 3 2 1		☐
	Comment:		
2. Teacher is approachable, open to parental communication and parental input.	5 4 3 2 1		☐
	Comment:		

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Parent/Guardian Input	Agree Disagree Don't know
3. Teacher maintains a classroom in which my son/daughter feels physically and emotionally safe.	5 4 3 2 1 ☐ Comment:
4. Teacher treats my son/daughter with respect, care, and demonstrates knowledge of my child's needs.	5 4 3 2 1 ☐ Comment:
5. I am satisfied with my son/daughter's overall school experience as provided by this teacher.	5 4 3 2 1 ☐ Comment:

Any additional comments you wish to share not covered by the above questions **(please feel free to attach a separate page)**:

Name: _____

Signature: _____

Date: _____

This form will not be considered valid unless you sign it.