

PARENT/GUARDIAN AND BOARD MEMBER INPUT FORM

This input form allows for ongoing parent/guardian input, which is important in improving the quality of education for all our students. You may obtain additional forms from the Conference Office or the Conference web site: education4eternity.org

FORMS MUST BE RECEIVED BY JANUARY 1ST to ensure consideration in the teacher's annual evaluation

Teacher: _____ School: _____

Check the type of contact(s) you have had with this teacher during this school year (please check all that apply):

- Parent-teacher conferences Telephone conversations Classroom visits E-mail Home visits
 Note to or from teacher Child's comments Other _____

Rating Scale: (Numbers 3 – 5 indicate no major problems)

5–Very Satisfied 4–Satisfied 3–Neutral 2–Dissatisfied 1–Very Dissatisfied N/A–No Knowledge Of

CLASSROOM ENVIRONMENT

- _____ My child's teacher has a good discipline policy with follow through.
_____ Neatness and order in the classroom
_____ The teacher provides adequate supervision for playground activities.
_____ The teacher provides adequate supervision for classroom activities.

Please Comment for Clarification: _____

LEARNING CLIMATE

- _____ Maintains a classroom in which my child feels physically and emotionally safe
_____ My child enjoys school
_____ My child respects the teacher
_____ Provides appropriate individual assistance to my child
_____ Returns corrected homework within a reasonable time period
_____ The teacher has high expectations and helps my child to reach them

Please Comment for Clarification: _____

PERSONAL & PROFESSIONAL QUALITIES

- _____ Commitment to Adventist education
_____ Relationship with school board
_____ The teacher communicates with me as needed
_____ The teacher is a good spiritual role model for my child
_____ The teacher is confidential about my student and others
_____ The teacher treats parents with respect
_____ The teacher treats students with respect

Please Comment for Clarification: _____

TEACHING PERFORMANCE

- _____ Enthusiasm for teaching
- _____ Effective Instruction
- _____ Planning & organization
- _____ Skill in motivating students

Please Comment for Clarification: _____

IN GENERAL

- _____ The academic program is of high quality
- _____ I would recommend this teacher to other parents
- _____ My overall rating about my experience with the school.

Please Comment for Clarification: _____

What area or areas need improvement?

What do you especially appreciate about your child's teacher?

THANK YOU for the time you have taken to complete this survey. Your opinions, thoughts and feelings are important to us and will be considered as we carry out the mission of our school and plan for the future.

Please complete and sign the form, place it in the enclosed self-addressed envelope, and mail it to:

Washington Conference
 Office of Education
 32229 Weyerhaeuser Way S
 Federal Way, Washington 98001

Or you may e-mail it to paulette.jackson@wc.npuc.org

Name (please print): _____ Telephone: _____

Signature: _____ Date: _____

Please check one: [] Parent/Guardian [] Board Member