

**Aberdeen School District #58**

**Parent/Guardian Input Form for Teacher Evaluation**

Teacher's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

In accordance with Sections 33-514 (4) and 33-515 (2), Idaho Code, parent/guardian input shall be considered as a factor in teacher evaluation. The Aberdeen School District asks that you complete the following survey in an effort to meet the above requirement. It should be noted however, parent/guardian input will NOT be considered if the survey is submitted anonymously. Input will only be considered valid when accompanied with parent or guardian's name.

- Safety

1. I believe my child's classroom is a safe learning environment.

Yes \_\_\_\_\_ NO \_\_\_\_\_ No opinion \_\_\_\_\_

- Communication

2. I can reach my child's teacher to communicate about student progress, attendance and behavior.

Yes \_\_\_\_\_ No \_\_\_\_\_ Not Attempted \_\_\_\_\_

- Instruction

3. I believe my child's teacher is knowledgeable of the curriculum/subject area and how to teach it at the appropriate level.

Yes \_\_\_\_\_ No \_\_\_\_\_ No opinion \_\_\_\_\_

- Assessment

4. I believe my child's teacher appropriately monitors and assesses my child's learning.

Yes \_\_\_\_\_ No \_\_\_\_\_ No opinion \_\_\_\_\_

- Expectations

5. I believe my child's teacher sets and maintains student expectations for learning and behavior.

Yes \_\_\_\_\_ No \_\_\_\_\_ No opinion \_\_\_\_\_

