

Parent Opinion Questionnaire

Teacher's Name _____

In order to help us help our teachers grow in their teaching abilities, we would like to get your input regarding the teacher named above. Please give us your honest opinions. We will be compiling this information and passing it along to the teacher. If you would like your name to be passed along with your comments, please check the box below and print your name. Otherwise, your comments will remain anonymous.

Please give honest, but charitable, comments – those which will help the teacher improve in his or her teaching.

Directions: Place a check in the appropriate box. *SA* = Strongly Agree; *A* = Agree; *D* = Disagree; *SD* = Strongly Disagree. Please return this form to Mr. Kirby or the school office; **do not** give it to the teacher.

	SA	A	D	SD
1. The teacher knows the subject matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The teacher makes an effort to get to know my student personally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The teacher has appropriate expectations for the class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The teacher grades my student fairly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The teacher listens to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The teacher keeps me informed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My student is learning about the Bible and how the Bible applies to his/her studies in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The teacher listens to my student.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The teacher is able to explain things to my student.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My student generally understands what is taught.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My student is generally interested in what is taught.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The teacher gives my student good feedback on his/her work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The teacher is a good role model for my student.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue on reverse

What do you believe to be this teacher's strengths?

What areas do you believe this teacher should focus on improving?

You may pass my name along with my comments. (Name) _____

I would like to talk to you personally. The best time to contact me is _____

*If you have further comments, please write them on the reverse. Return this form to Mr. Kirby or the school office by March 23.
Thank you for your help.*