Parent Feedback Form for Teacher

**Feedback Form for Teacher**

**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Subject/Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I. Teaching Methodology**

* **Clarity of Instruction:** [Checkbox] Excellent [Checkbox] Good [Checkbox] Average [Checkbox] Poor
* **Engagement in Class:** [Checkbox] Excellent [Checkbox] Good [Checkbox] Average [Checkbox] Poor
* **Feedback and Assistance:** [Checkbox] Excellent [Checkbox] Good [Checkbox] Average [Checkbox] Poor

**II. Teacher Communication**

* **Responsiveness to Parent Inquiries:** [Checkbox] Excellent [Checkbox] Good [Checkbox] Average [Checkbox] Poor
* **Effectiveness of Communication:** [Checkbox] Excellent [Checkbox] Good [Checkbox] Average [Checkbox] Poor

**III. Additional Comments**

**Your feedback on the teacher's performance and areas for improvement:**

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