

Parent Feedback Form for Teacher

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Parent/Guardian Name: _____

Student Name: _____

Teacher's Name: _____

Subject/Course: _____

Date: _____

I. Teaching Methodology

- **Clarity of Instruction:** Excellent Good Average Poor
- **Engagement in Class:** Excellent Good Average Poor
- **Feedback and Assistance:** Excellent Good Average Poor

II. Teacher Communication

- **Responsiveness to Parent Inquiries:** Excellent Good Average Poor
- **Effectiveness of Communication:** Excellent Good Average Poor

III. Additional Comments

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