

Teacher Feedback Form for Parents

Teacher's Name: _____

Child's Name: _____

Grade: _____

Date: _____

Communication

1. How well does the teacher communicate with parents?

- Excellent _____
- Good _____
- Average _____
- Below Average _____
- Poor _____

2. How often does the teacher provide updates on student progress?

- Regularly _____
- Often _____
- Sometimes _____
- Rarely _____
- Never _____

Teaching Quality

3. How would you rate the teacher's overall effectiveness?

- Very Effective _____
- Effective _____

- Neutral ____
- Ineffective ____
- Very Ineffective ____

4. How well does the teacher support your child's learning needs?

- Extremely Well ____
- Very Well ____
- Moderately Well ____
- Slightly Well ____
- Not at All ____

Feedback

5. What do you appreciate most about the teacher?

6. What areas do you think the teacher could improve?

7. Any other comments or suggestions?

Signature: _____