
Student Feedback Form Elementary

Student Information

- Full Name: _____
- Grade: _____
- Teacher's Name: _____
- Subject: _____

Feedback Questions

1. Did you enjoy learning with your teacher?
 - Yes
 - No
2. Was the teacher kind and helpful?
 - Yes
 - Sometimes
 - No
3. Did you understand what was being taught?
 - Yes
 - A Little
 - No
4. Did the teacher help you when you had trouble?
 - Yes
 - Sometimes
 - No

What do you like best about your teacher?

- _____

What do you think could make class better?

- _____

Additional Thoughts or Comments

- _____
