

Parents Feedback Form for Teachers

Parent and Student Information

Parent's Name: _____

Student's Name: _____

Teacher's Name: _____

Grade Level/Class: _____

Date: _____

Teacher Evaluation

1. How would you rate the teacher's communication with you and your child?
 Excellent Good Fair Poor
2. How effectively does the teacher support your child's academic progress?
 Very Effective Effective Neutral Ineffective

Feedback on Teaching Style

3. Which of the following teaching methods does your child find helpful? (Check all that apply)

Visual Explanations Group Work Hands-on Activities

Technology-Based

4. Does the teacher make the learning process engaging for your child?
 Yes Sometimes No

Parent Observations

- Please describe any specific strengths you observe in the teacher's approach:

- Suggest areas where the teacher could improve:

Final Remarks

Additional Comments:

Parent Signature

Signature: _____

Date: _____