NORTHWEST ARCTIC BOROUGH SCHOOL DISTRICT
PARENT (PUBLIC) COMMENTS REGARDING CERTIFICATED STAFF

Teacher _____ School _____ Grade/Subject _____

Please place a check mark in the appropriate column

Have you met this teacher?	Yes _____	No _____
Do you have a child in this teacher's class?	Yes _____	No _____
Have you visited this teacher's classroom?	Yes _____	No _____
Have you observed a lesson taught by this teacher?	Yes _____	No _____

_____

	Yes	No	Don't Know
1. Is accessible and keeps me informed of my child's progress.	_____	_____	_____
2. Provides for individual student differences—helps all students.	_____	_____	_____
3. Students are on task and interested in the subjects.	_____	_____	_____
4. Is concerned about student success	_____	_____	_____
5. Maintains a safe and positive classroom environment.	_____	_____	_____
6. Interacts with people in a positive friendly way.	_____	_____	_____
7. Is a positive role model.	_____	_____	_____
8. Has a productive professional relationship with parents.	_____	_____	_____
9. Is knowledgeable in the subject(s) taught.	_____	_____	_____
10. Respects the local culture and customs.	_____	_____	_____
11. Assigns the appropriate amount of homework.	_____	_____	_____
12. Is consistent in administering appropriate discipline.	_____	_____	_____

Please respond to the two questions below on the back of this form.

1. In what ways do you feel that this teacher is doing an excellent job in helping your child to learn and develop to his/her fullest potential?

2. I offer the following suggestions in order that the school or this teacher will better meet the needs of the children they serve.

Thank you for your assistance.

Your name _____ Date _____Phone number _____