



GREENWOOD SCHOOL

Date: _____

Regarding: _____
(Teacher's name)

Parent Input of Teacher

We ask you to please take a moment to reflect on the *overall themes* and not the short lived or temporary issues or situations that you have dealt with. We strive for direct communication and any issues of concern you put on the form have hopefully already been brought up to the teacher but, for some reason, the theme remains unresolved.

The evaluation process is highly confidential and will be held by our Human Resource Director, Mara San Felipe.

A one-to-five scale rating is provided. Please put an "X" in the appropriate space. In addition, space between each question is left for comments.

1. COMMUNICATION SKILLS

A. Manner:

*friendly, relaxed,
clear, open, timely*

*unfriendly, awkward
unclear, closed*

1) _____ 2) _____ 3) _____ 4) _____ 5) _____

B. Receptivity to parent communication:

very high

very low

1) _____ 2) _____ 3) _____ 4) _____ 5) _____

C. Responsiveness to parent communication:

very high

very low

1) _____ 2) _____ 3) _____ 4) _____ 5) _____

2. **PARENT CONFERENCES**

A. Information given:

highly satisfactory

inadequate

1) _____ 2) _____ 3) _____ 4) _____ 5) _____

B. Clear assessment of academic school performance of child:

high

low

1) _____ 2) _____ 3) _____ 4) _____ 5) _____

C. Clear assessment of social development of child:

high

low

1) _____ 2) _____ 3) _____ 4) _____ 5) _____

D. Ability to address specific concerns or needs of child:

high

low

1) _____ 2) _____ 3) _____ 4) _____ 5) _____

E. Indicates genuine warmth and interest in the child:

high

low

1) _____ 2) _____ 3) _____ 4) _____ 5) _____

3. **PARENT EDUCATION/ PARENT EVENINGS**

A. Leads the process and has clear agendas:

very high, *very poor*

1) _____ 2) _____ 3) _____ 4) _____ 5) _____

B. Imparts a picture of child development and the relation of the Waldorf curriculum to this particular stage of development:

very high *very low*

1) _____ 2) _____ 3) _____ 4) _____ 5) _____

C. Facilitates discussion pertinent to class concerns:

very high *very low*

1) _____ 2) _____ 3) _____ 4) _____ 5) _____

OTHER OBSERVATIONS *(please feel free to use the backside or a separate sheet of paper):*

Signature (required) _____ Date _____

(Please note your signature is required so that we may follow-up with you if needed. Your name and/or specific information will not be shared with the person being evaluated. All information gathered will be presented in a general form to best serve the evaluation process and the recipient. All forms will then be destroyed.)