Student Survey

Program:

Teacher's Name:_____________________________________

Class:

Date:__________________________________________

This information is to be kept confidential.

Please rate your teacher according to the following scale: 1 - 6

1 = Poor and 6 = Excellent

1. Shows up on time for class.
2. Is prepared for class.
3. Knows about the subject s/he is teaching.
4. Understands my learning needs.
5. Is respectful in her/his interactions with me.
6. Is clear in giving directions.
7. Explains what is expected on assignments.
8. Explains what is expected on tests.
10. Asks me if I have any questions.
11. Makes sure I understand the lessons.
12. Encourages me to participate in class.
13. Gives me positive feedback on how I am doing in class.
14. Motivates me to want to do better.
15. Manages time well in the classroom.
16. Manages the class well.
17. Resolves conflicts in the classroom.
18. Uses technology in the classroom.
19. Gives the class time to use technology.
20. Overall evaluation of the teacher.

Total Points (To be completed by Monitoring Team)

Comments: