

Teacher Feedback Form for Parents

Student Name: _____

Class/Grade: _____

Date: _____

Teacher: _____

1. Academic Progress

Subject/Area	Performance	Comments
Reading	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement	
Math	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement	
Science	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement	
Other: _____	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement	

2. Classroom Behavior

Behavior	Comments
<input type="checkbox"/> Follows Instructions <input type="checkbox"/> Participates in Class <input type="checkbox"/> Works Well with Others <input type="checkbox"/> Shows Respect <input type="checkbox"/> Completes Assignments On Time	

3. Areas of Strength

4. Areas for Improvement / Teacher Suggestions

Teacher's Signature:

Parent's Signature:

Please return this form to the teacher after reviewing. Thank you!