

# 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

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## 4. Areas for Improvement / Teacher Suggestions

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Teacher's Signature:

Parent's Signature:

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