



Granite School District
Professional Growth and Evaluation

EDUCATOR SURVEY FOR PARENTS / COMMUNITY

Educator Name: _____ **School:** _____

Grade or Subject: _____ **Date:** _____

Rate this educator's performance in each activity listed below. Please rely on your own contact with the educator in making your decision. If you do not have sufficient information to mark an activity, please select the "Don't know" category.

N=Never S=Sometimes O=Often A=Always D=Don't know

I. Instruction and Assessment	N	S	O	A	D
A. My student is learning in this class.					
B. The learning activities in this school are appropriate for my student.					
C. The amount of homework is appropriate for my student.					
D. Homework in this class helps my student learn.					
E. My student knows what is expected in this class.					

II. Learning Environment	N	S	O	A	D
A. The educator treats my student with care and respect.					
B. The educator treats my student fairly.					
C. The educator creates a positive learning environment.					
D. The educator manages student behavior.					

III. Professional Responsibilities	N	S	O	A	D
A. The educator is accessible.					
B. The educator communicates with me concerning my student.					
C. The educator maintains professional appearance and behavior.					
D. I know what is expected of my student in this class.					

Name (Optional) _____