

PARENT SURVEY

Name of School:				Day/Month/Year		
Teacher Name:		Course: _				
To support exemplary teaching and This input focuses on parent/guardia					progress.	
THE TEACHER:	STRONGLY AGREE	AGREE	SOMEWHAT AGREE	DISAGREE	STRONGLY DISAGREE	
Demonstrates a positive professional attitude when communicating to me as a parent.	0	0	0	O	О	
Identifies strengths / areas for improvement / next steps on the Provincial Report Card.	О	0	О	О	О	
Conducts effective teacher-parent- student interviews.	O	О	0	0	О	
Communicates clear, challenging and achievable expectations for my child.	О	0	0	О	О	
Provides feedback to me about my child's learning progress.	О	0	0	0	О	
Have you attended parent teacher interv Did you return the Provincial Report Ca Were you consulted in the development	ard Response Form (th	ne last page of the fin	•		No □	
Completed by: Signature:	(I	Print Name)				
NOTE: Regulation 99/02 made und Teacher Performance Proces		Ontario, outlines the	e requirements and lim	itations of the Parent	Pupil input to the	

PLEASE RETURN THIS FORM TO THE SCHOOL PRINCIPAL IN A SEALED AND DATED ENVELOPE BY THE FIRST SCHOOL DAY IN DECEMBER FOR SEMESTER 1 CLASSES AND THE FIRST SCHOOL DAY IN MAY FOR SEMESTER 2 CLASSES.

Unsigned forms will not be considered. A parent has the right under Regulation 99/02, 5(5) to request removal of identification before the form is used.