

STUDENT SURVEY

Name of School: _____ Date: _____
 Day/Month/Year

Principal: _____

Teacher Name: _____

Grade: _____ Course: _____

To support exemplary teaching and learning, Rainbow District School Board invites student input. This input focuses on student level of satisfaction with communication with your teachers and whether your teachers effectively promote student learning.

<i>THE TEACHER:</i>	<i>STRONGLY AGREE</i>	<i>AGREE</i>	<i>SOMEWHAT AGREE</i>	<i>DISAGREE</i>	<i>STRONGLY DISAGREE</i>
Demonstrates commitment to the well-being and development of all students in the class.	○	○	○	○	○
Treats all students in the class fairly and with respect.	○	○	○	○	○
Provides an environment that encourages student learning.	○	○	○	○	○
Manages classroom behaviour effectively.	○	○	○	○	○
Communicates effectively with students.	○	○	○	○	○

Completed by: _____
 (Print Name)

Signature: _____

NOTE: Regulation 99/02 made under the Education Act/Ontario, outlines the requirements and limitations of the Parent/Pupil input to the Teacher Performance Process.

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

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.

