



Student Feedback Tool Danielson Framework Alignment

Neither this feedback document or any notes, comments, or other information used in its preparation is a matter of public record.
Copies of this feedback form will be made available to the teacher upon request.
Completion of this form is voluntary.

Teacher _____
 Course _____

Date _____
 Class Period _____

		Consistently	Most of the Time	Sometimes	Never	Not Observed
1	Knows this subject well.					
2	Is well prepared and organized.					
3	Treats all students with respect.					
4	Is approachable. and willing to help me.					
5	Is willing to help me.					
6	Encourages and accepts different opinions.					
7	Demonstrates respect and understanding of my culture.					
8	Clearly explains objectives, requirements and grading system of the course.					
8	Sets high standards and fair expectations for everyone.					
10	Recognizes and acknowledges effort.					
11	Ensures the classroom is safe.					
12	Manages class so I can work and learn with few disruptions.					
13	Enforces rules fairly and consistently.					
14	Encourages cooperation and participation.					
15	Presents material in a variety of ways.					
16	Teaches in a way that I can understand.					
17	Makes class interesting and meaningful to me.					
18	Explains assignments clearly.					
19	Uses a variety of methods to measure what students learn (tests, projects, discussions, etc.)					
20	Helps me with the subject as needed.					
21	Keeps me informed of my progress.					
22	Encourages me to think for myself.					
23	Grades fairly.					
24	Returns corrected assignments and tests within a reasonable time period.					
25	Communicates with my family about course information, attendance, behavior and/or academic progress.					

General Comments (additional page may be attached) _____

Name (please print) _____
 Signature _____

Telephone _____
 Date _____

Complete and sign the form, place in sealed envelope and forward to building principal.