



Dickinson Elementary 2017-2018

PARENTAL AND STUDENT SCHOOL RATING SURVEY

Teacher Name:
Age:
Gender:

For each item identified below, circle the number to the right that best fits your judgment of its quality. Use the rating scale to select the quality number.

Survey Item	Scale				
	P o o r	G o o d			E x c e l l e n t
1. My child feels safe at my school?	1	2	3	4	5
2. My child likes the teacher?	1	2	3	4	5
3. My child understands teacher's instructions?	1	2	3	4	5
4. My child feels welcome at my school?	1	2	3	4	5
5. My child is comfortable asking for help at school?	1	2	3	4	5
6. How will do you think the school is preparing your child for the grade level for next year?	1	2	3	4	5
7. Given your child's cultural background, how good of a fit is the school?	1	2	3	4	5
8. Does the approach to discipline work for you child?	1	2	3	4	5
9. Does your child like coming to school?	1	2	3	4	5
10. Is the school environment comfortable to be in for your child?	1	2	3	4	5
11. Does your child's teacher respect your child?	1	2	3	4	5
12. Does your school evaluate your child fairly?	1	2	3	4	5

Please give your contact information if you have any concerns you would like to personally discuss with the Principal or Vice Principal.

PLEASE PRINT:

NAME: _____ PHONE NUMBER: _____

EMAIL: _____ ISSUE TO DISCUSS: _____