

TEACHER TO PARENT AND GUARDIAN FEEDBACK



Student's Name: _____

Class: _____

Date: _____

Parent/Guardian in attendance: _____

Your child as a learner:

Rarely

Sometimes

Most of the time

Always

Eager to learn

Pays attention

Works well independently

Collaborates well with others

Engages in tasks

Completes homework

Your child's socioemotional development:

Rarely

Sometimes

Most of the time

Always

Follows class rules

Gets along with others

Shares with others

Expresses their own needs

Your child as a language learner:



Needs improvement

Very good

Excellent

	Needs improvement	Very good	Excellent
Grammar	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vocabulary	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reading	<input type="text"/>	<input type="text"/>	<input type="text"/>
Writing	<input type="text"/>	<input type="text"/>	<input type="text"/>
Listening	<input type="text"/>	<input type="text"/>	<input type="text"/>
Speaking	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interest in learning	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional feedback:

