

# TEACHER TO PARENT 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

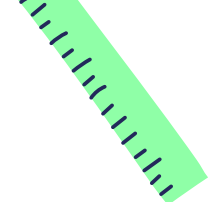
Follows class rules

Gets along with others

Shares with others

Expresses their own needs

## Your child as a language learner:



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

## Additional feedback:

