

Teacher Feedback Form

Your Name: _____

Student's Name: _____

Current Grade/Class: _____

Date:_____

***Please note- You will not be able to request a teacher by name. Teachers put a lot of time and energy into creating their class lists. They know the dynamics of the teaching staff and the students and really have the best expertise when assigning a student to a teacher. We know there may be special circumstances that you want to share with us. This will allow you to do that. It will not guarantee you will get the type of teacher you are asking, but we will take it into consideration.

Preferred Teaching Style: (If applicable, please describe any teaching style preferences or specific needs.)

Additional Information:

(Include any relevant information that might help in assigning a suitable teacher for the student.)

Contact Information:

Phone Number: _____

Email Address: _____

Parent Signature:_____

