**Bruneau-Grand View Joint School District #365**

**PERSONNEL 6400F**

# Parent or Guardian Input Form—Principal Evaluation

Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions:**

1. Please complete the evaluation by circling the most appropriate number.
2. This form should be placed into the box located at \_\_\_\_\_\_\_\_\_\_\_\_ or mailed to:

**[ADDRESS]**

1. Only one form should be completed by each parent for this principal for each school year.

1. If a parent has a concern or wishes to more directly address a specific issue, please understand that this form alone will not directly address the parental concern. The parent should raise the concern with the principal or Superintendent.
2. Please offer specific comments when possible. Specific comments will be considered in the preparation of the principal’s evaluation and will aid both the District and the principal in addressing performance.

| **Area of Evaluation** | **Agree Disagree Don’t know** |
| --- | --- |
| 1. Works with parents, staff, and students in development and promotion of the school’s vision. | 1 2 3 4 5 0  Comment: |

| 1. Promotes and maintains high standards of academic excellence for the performance of students and staff. | 1 2 3 4 5 0  Comment: |
| --- | --- |
| 1. Manages all aspects of the school to ensure a positive educational experience for all students. | 1 2 3 4 5 0  Comment: |
| 1. Listens to community members, parents, and students and timely responds to their concerns. | 1 2 3 4 5 0  Comment: |
| 1. Treats students and adults with respect. | 1 2 3 4 5 0  Comment: |
| 1. Communicates with community members accurately. | 1 2 3 4 5 0  Comment: |

| 1. Shows awareness/understanding of developmental characteristics of different age groups. Acts with an understanding of social, racial, cultural, political, and economic forces that influence a positive school environment. | 1 2 3 4 5 0  Comment: |
| --- | --- |
| 1. Encourages parental involvement in the educational process. | 1 2 3 4 5 0  Comment: |
| 1. Is a positive advocate for students. | 1 2 3 4 5 0  Comment: |
| 1. Is a strong and visible leader of the school. | 1 2 3 4 5 0  Comment: |
| 1. Effectively coordinates school programs that promote student involvement, education, safety, growth, and development of responsibility. | 1 2 3 4 5 0  Comment: |

| 1. Administers student discipline fairly and consistently. | 1 2 3 4 5 0  Comment: |
| --- | --- |
| 1. Maintains a school climate that welcomes parents, families, and community members and invites their participation. Encourages teachers to provide opportunities to engage families to assist in student learning. | 1 2 3 4 5 0  Comment: |
| 1. Have you personally met with the principal? | YES NO |
| 1. Have you had any reason to visit the principal’s office? | YES NO |
| 1. Were you satisfied that your concerns were addressed? | YES NO |

Any additional comments you wish to share not covered by the above questions **(please feel free to attach a separate page)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete and sign the form, and place it in a sealed envelope.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_