Parent-Teacher Partnerships

Session: Trust

Tell Us What You Think!

District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Like all partnerships, information needs to flow back and forth to ensure partners’ needs are heard and addressed. We need to hear from you! We are interested in your feedback in order to improve this Parent-Teacher Partnerships session. Please take 8-10 minutes to respond to the two questions below. Please do not put your name on it. We are interested in your honest, candid feedback.

What new ideas, concepts, or skills did you learn during this Parent-Teacher Partnerships session?

How will today’s Parent-Teacher Partnership session change how you collaborate (with parents or teachers) to support your child(ren)/students’ learning?

*Thank you for your feedback! Please return this form to the facilitators.*