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Students Feedback Form Elementary

**Teacher's Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Class:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions:**Circle the face that shows how you feel about each statement. Your answers will help your teacher make school even better!

**1. My teacher explains things so I can understand.**😊 Very easy to understand  
🙂 Easy to understand  
😐 Okay  
🙁 A little hard  
😢 Very hard

**2. My teacher listens to me.**😊 Always listens  
🙂 Usually listens  
😐 Sometimes listens  
🙁 Rarely listens  
😢 Never listens

**3. I feel happy in class.**😊 Very happy  
🙂 Happy  
😐 Okay  
🙁 A little sad  
😢 Very sad

**4. My teacher helps me when I need it.**😊 Always helps  
🙂 Usually helps  
😐 Sometimes helps  
🙁 Rarely helps  
😢 Never helps

**5. Class activities are fun.**😊 Very fun  
🙂 Fun  
😐 Okay  
🙁 A little boring  
😢 Very boring

**6. I feel safe in my classroom.**😊 Very safe  
🙂 Safe  
😐 Okay  
🙁 A little unsafe  
😢 Very unsafe

**7. What is your favorite thing about your class?**(Write or draw in the space below)

**8. What can be better in your class?**(Write or draw in the space below)

**Thank you for helping us make your class better!**