
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!