

Evaluation form for Parents

1. Do you feel like your opinions matter at the school?

1	2	3	4	5
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2. Do you feel involved in the school?

1	2	3	4	5
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3. Do you want to participate more at school?

1	2	3	4	5
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4. What is keeping you from participating more at the moment?

Job	Language	Interest	Lack of time	Other

5. How do you feel about the communication between the school/ teachers and you?

1	2	3	4	5
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6. Comment/Concern
