

Alternative Student Survey

The purpose of this survey is to allow you to give your teacher ideas about how this class might be improved.

Directions: DO NOT PUT YOUR NAME ON THIS SURVEY. Write your teacher's name, school year, and class period in the space provided. Listed below are several statements about this class. Indicate your agreement with each statement by placing a check (✓) in the appropriate box. If you wish to comment, please write your comments at the end of the survey.

Teacher Name	School Year			Class Period	
	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
1. My teacher has deep knowledge about the subject he or she teaches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My teacher uses a variety of teaching strategies during class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My teacher creates well-organized and well-developed lessons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My teacher's lessons have clear and appropriate learning objectives for the subject area taught.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My teacher uses a variety of activities and methods to engage me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My teacher makes class interesting and challenging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My teacher recognizes us as individual learners with varying learning backgrounds, abilities, needs, and preferences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My teacher modifies his or her teaching approaches when I don't understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My teacher allows me to demonstrate my learning in a variety of ways.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My teacher uses a variety of assessments to determine what I have learned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Alternative Student Survey (Continued)

Teacher Name	School Year			Class Period	
	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
11. My teacher uses assessment results to identify my strengths and the areas in which I need help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My teacher shares feedback about my learning progress with me and my parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. My teacher shows respect to all students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. My teacher communicates and maintains classroom rules, routines, and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. My teacher makes the learning experience challenging but rewarding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. My teacher sets high learning standards for the class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. My teacher is enthusiastic and eager to improve his or her teaching practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. My teacher is passionate about teaching and has a commitment to student learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. My teacher is approachable and listens to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. My teacher contacts my parents to involve them in my learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Add other elements if needed, such as school-wide goals or subject-specific elements.

Comments