

The purpose of this survey is to allow you to give your instructional resource professional (IRP) ideas about how to improve services.

<u>Directions</u>: DO NOT PUT YOUR NAME ON THIS SURVEY. Write your instructional resource professional's (IRP'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 ($\sqrt{}$) in the appropriate box. If you wish to comment, please write your comments at the end of the survey.

Instructional Resource Professional Name Scho	Jame School Year			Class Period			
	Strongly Agree	Agree	Disagree	Strongly Disagree		I Don't Know	
My IRP communicates clearly.							
My IRP gives helpful feedback.							
My IRP provides a safe, positive learning environment.							
My IRP allows me to demonstrate my learning and abilities in a variety of ways.							
My IRP challenges me.							
My IRP makes me feel comfortable sharing my ideas.							
My IRP helps me outside of class time when needed.							
My IRP shows respect to all learners/clients.							
My IRP respects my culture.							
My IRP values me as a person.							
My IRP provides me with the tools for me to help myself.							
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*Add other elements if needed, such as school-wide goals, or subject specific-elements.

Comments: