



**Grade 11/12 Student Input To
Teacher Performance Appraisal Process**

School:

Date:

Teacher Name:

Grade:

Course Code:

The St. Clair Catholic District School Board, in fulfillment of Part X.2 of the Education Act and Ontario Regulation 99/02, is requesting student input, which must focus on your level of satisfaction with communication, and whether your teacher effectively promotes student learning. The annual survey is available to all students in grade 11 and grade 12 courses.

Check applicable boxes.

The Teacher:		Strongly Agree	Agree	Somewhat Agree	Disagree
1.	Communicates or conveys the subject matter effectively.				
2.	Communicates course and assignment expectations clearly.				
3.	Strives to maintain an atmosphere of fairness and mutual respect.				
4.	Uses various teaching strategies to help me in my learning.				

Completed by:
(Print Name)

Signature: _____

This form must be signed in order to be accepted by the school principal. Although only signed forms are to be submitted, a student has the right under Regulation 99/02,5(5) to request removal of identification before the survey is used. Please make this request in writing and attach it to this survey.

**DUE TO THE CONFIDENTIAL NATURE OF THIS SURVEY, PLEASE
RETURN THIS FORM IN A SEALED ENVELOPE TO THE SCHOOL PRINCIPAL.**

