

# *Back to School Night*

## **PaRENT FEEDBaCK FORM**

Dear Parents/Guardians,

Thank you for attending our Back to School Night! Your feedback helps us improve and better support our students and families. Please take a few minutes to complete this form.

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1. Student's Name: \_\_\_\_\_

2. Grade / Class: \_\_\_\_\_

3. How would you rate tonight's Back to School Night?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Needs Improvement

4. Which part of the evening was most helpful for you?

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5. Is there any information you wish had been included tonight?

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6. How well do you feel you understand:

Classroom expectations: ☐ Very Well ☐ Somewhat ☐ Not Sure

Homework policy: ☐ Very Well ☐ Somewhat ☐ Not Sure

How to communicate with the teacher: ☐ Very Well ☐ Somewhat ☐ Not Sure

7. Do you have any questions or concerns about the school year?

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8. How would you prefer to receive school updates? (Check all that apply)

- ☐ Email
- ☐ School App/Website
- ☐ Printed Notes
- ☐ Text Message
- ☐ Other: \_\_\_\_\_