

NORTH SLOPE BOROUGH SCHOOL DISTRICT

TEACHER APPRAISAL FORM, GRADES K – 5







Revised 04/15

Student Comments

_____ Your Name	_____ Date
_____ Teacher/Counselor/Librarian's Name	_____ School

Make a ✓ check mark in the column you think best applies to your teacher/counselor/librarian.

If you have any additional comments, please write them on the back of this page.

		 ALWAYS	 SOMETIMES	 NEVER	 DON'T KNOW
1.	Is respectful of my culture				
2.	Helps me				
3.	Explains things				
4.	Is fair				
5.	Is prepared				
6.	Is friendly and nice				

7. Comments: _____
