

LAPWAI SCHOOL DISTRICT #341

404 S. Main Lapwai, Idaho 83540 (208) 843-2622

2017-2018 Performance Evaluation Parent Input Tool

The following performance input tool will be forwarded to the appropriate supervisor of the individual upon whom you are commenting. The form will be shared with that individual. The input will be utilized by the supervisor in better understanding how others view their performance during the evaluation process. Please note: This survey is not intended for feedback regarding coaches. Please contact Athletic Director, David Kronemann, for athletic input or concerns.

Parent/Guardian Name:					
Name of the faculty	member for whom you	ı are prov	iding inp	ut:	
I am a parent of currently enrolled Lapwai School District student(s): □Yes				□No	
I would characterize	the employee's job pe	rformanc	e in the f	ollowing as:	
1. The faculty m	nember provides regula	ır feedbac	k regard	ng my child's pro	ogress.
□1-Poor	□2-Competent	□3-6	Good	□4-Excellent	□5-Not Observed
2. The faculty m	nembers demonstrates	respect fo	or individ	ual and cultural o	differences.
□1-Poor	□2-Competent	□3-Good		□4-Excellent	□5-Not Observed
•	nember creates and ma ting members.	intains a l	earning (environment in w	hich all students are actively engaged
□1-Poor	□2-Competent	□3-Good		□4-Excellent	□5-Not Observed
4. The faculty m	nember works as a part	ner with բ	parents, f	amilies, and the	community.
□1-Poor	-Poor □2-Competent		Good	□4-Excellent	□5-Not Observed
Surveys may be colle	ected in the following w	vays:			
By Mail:	In Person:		By Email:		To the Superintendent:
Lapwai School District 404 S. Main St. Lapwai, ID 83540 Submitted to the of your child's se			Teri Wagner Elementary Principal twagner@lapwai.org Dr. D'Lisa Pinkham Middle-High Principal dpinkham@lapwai.org Lori Ravét Special Education Directo		Dr. David M. Aiken Lapwai School District 404 S. Main St. Lapwai, ID 83540 daiken@lapwai.org