

PARENT/TEACHER INPUT FORM

Attached is a form that is designed to meet state requirements for providing a mechanism for input into an administrator's performance evaluation. Schools are required to advertise this process and make forms available in the school office.

Parent/Teacher Input Form

(regarding administrator evaluation)

Parent/Teacher Input Form (or a similar school-based form) may be used by parents and teachers to provide input regarding an administrator's evaluation. Forms should be available to parents and teachers in the school office. Forms must be signed and sent to the appropriate Area Superintendent via pony or US mail.

Please be sure to share the information regarding this form with your parents and staff. Feel free to use the sample notice below as a communication piece for your newsletter.

SAMPLE NEWSLETTER ARTICLE

Parent Input

Pinellas County Schools welcomes input of parents regarding the job performance of district employees. A **Parent Input Form** is available for parents to give input regarding teacher performance. Also available is a **Parent/Teacher Input Form** for input regarding administrator performance. Each form requires a signature. A copy of the form will be shared with the employee. Forms are available in the school office.

**PINELLAS COUNTY SCHOOLS
PARENT/TEACHER INPUT FORM
(REGARDING ADMINISTRATOR PERFORMANCE)**

Pinellas County Schools welcomes the input of parents and teachers regarding the job performance of district administrative employees. When you have completed the form, please return it to appropriate Area Superintendent (see list below) via pony mail (see school secretary for envelope) or by US Mail. Please be sure to retain your copy. The Parent/Teacher Input Forms are available in the school office. All comments will be shared with the employee for professional growth and/or recognition.

Employee Name _____ Date _____

Parent/Guardian Name _____ Student Name _____

School _____

Parent/Teacher Comments:

For your comments to be considered, you must sign below.

Parent/Guardian/Teacher Signature _____
(required)

| Area 1 Office | Area 2 Office | Area 3 Office | Area 4 Office | Transformation Zone |
|---|---|---|---|---------------------------------|
| Area Superintendent 301 4th Street SW Largo, FL 33779 | Area Superintendent 301 4th Street SW Largo, FL 33779 | Area Superintendent 301 4th Street SW Largo, FL 33779 | Area Superintendent 301 4th Street SW Largo, FL 33779 | Chief Transformation Officer |

White - Area Superintendent

Yellow - Parent/Teacher

Pink - Employee