

**Directions:** Follow along as I read the statements. Respond to the statements by placing a check mark (✓) beneath the response – “YES,” “SOMETIMES,” or “NO” – that best describes how you feel about the statement.

Teacher's Name	School Year	Class Period	
	YES	SOMETIMES	NO
<i>Example: I like listening to music.</i>			
1. My teacher listens to me.			
2. My teacher gives me help when I need it.			
3. My teacher shows us how to do new things.			
4. My teacher encourages me to evaluate my own learning.			
5. I am able to do the work in class.			
6. I learn new things in my class.			
7. I feel safe in this class.			
8. My teacher uses many ways to teach.			
9. My teacher explains how my learning can be used outside of school.			
10. My teacher explains why I get things wrong on my work.			
11. My teacher shows respect to all students.			
12. My teacher demonstrates helpful strategies or skills for my learning.			
13. There are opportunities to reflect on my learning in my class.			
14. My teacher allows me to make some choices about my learning.			

Comments:

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