

T.E.A.C.H. CONSULTANT EVALUATION

The Information gathered from the following questionnaire will be shared with your consultant to evaluate their performance in order that we may be more effective in our responsibilities in the future. Thank you for your help.

Consultant's Name _____

- | | Did not meet
our needs | 1 | 2 | 3 | 4 | 5 | |
|-----------------------------------------------------------------------------------------------------|---------------------------|---|-----|---|-----|----|-----------------------------------------|
| To what degree did your consultant meet your needs and expectations? | | | | | | | Very Helpful
in meeting
our needs |
| 1. How many times did you meet with your consultant this year? _____ | | | | | | | Was this sufficient? Yes No |
| 2. Are your meetings with your consultant opened up with prayer? | Yes | | No | | | | |
| 3. Does your consultant encourage your children to recite Scripture to them? | Yes | | No. | | | | |
| 4. Does your consultant recommend that your children write a research paper during the school year? | | | | | Yes | No | |
| 5. Does your consultant look over your children's work? | Yes | | No | | | | |

Please rate the qualities you feel best exemplifies your consultant:

	Poor				Excellent
1) Attitude (Servant)	1	2	3	4	5
2) Expertise (Professionalism)	1	2	3	4	5
3) Availability	1	2	3	4	5
4) Helpfulness	1	2	3	4	5
5) Monthly visits (Insight).....	1	2	3	4	5
6) Relates well to you.	1	2	3	4	5
7) Relates well to your children.	1	2	3	4	5

We would appreciate if you would take a few moments of your time to review your consultant's performance this year. We will use this information to develop further training. (Use the back side if necessary.) Thank you!

Consultant's Strengths:

Consultant's Limitations:

Additional Comments or Recommendations:

Your Name (optional) _____