



Grade 3-5 Student Survey

Directions: DO NOT PUT YOUR NAME ON THIS SURVEY: Follow along as your teacher reads the statements. Respond to the statements by placing a checkmark (☑) beneath the response—“YES,” “SOMETIMES,” or “NO”—that best describes how you feel about the statement.

Teacher's Name

School Year

	Yes	Some-times	No
My teacher listens to me.			
My teacher gives me help when I need it.			
I am able to do the work given to me.			
Students are respectful to each other in my class.			
I feel free to ask and answer questions.			
My teacher helps me understand things when I make mistakes.			
My teacher shows respect to all students.			
My teacher helps me to be organized.			
My teacher allows me to demonstrate my learning in a variety of ways.			
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*Add other elements if needed, such as school-wide goals, or subject-specific elements.