

Parent Evaluation for _____

week of _____ to _____

completion and quality of school work	1	2	3	4	5	6	7	8	9	10
organization of school work	1	2	3	4	5	6	7	8	9	10
overall attitude	1	2	3	4	5	6	7	8	9	10
interaction with siblings	1	2	3	4	5	6	7	8	9	10
independence and initiative	1	2	3	4	5	6	7	8	9	10
punctuality	1	2	3	4	5	6	7	8	9	10
response to correction	1	2	3	4	5	6	7	8	9	10
follow-through on instructions given	1	2	3	4	5	6	7	8	9	10
completion of chores	1	2	3	4	5	6	7	8	9	10
productive use of free time	1	2	3	4	5	6	7	8	9	10

NEEDS IMPROVEMENT

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SCORE _____ out of _____ = _____%

Self-Evaluation for _____

week of _____ to _____

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