**Teacher:** …………………………………………………. **Date:** ……………………………

Please read the following statements carefully and tick/check (✓) the box with the response that best indicates your opinion (*Agree*, *Disagree*, *Neither agree nor disagree*). You can write your comments in the 'My recommendations' box. Thank you.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Agree | Disagree | Neither agreenor disagree | My recommendations |
| 1. | My teacher calls me by my name. |  |  |  |  |
| 2. | My teacher knows about my interests and goals. |  |  |  |  |
| 3. | My teacher is funny. |  |  |  |  |
| 4. | I can get in touch with my teacher outside of class. |  |  |  |  |
| 5. | My teacher is respectful to me. |  |  |  |  |
| 6. | My teacher does not put me down. |  |  |  |  |
| 7. | My teacher is not on his/her phone in class. |  |  |  |  |
| 8. | I think that my teacher enjoys teaching. |  |  |  |  |
| 9. | My teacher keeps his/her word. |  |  |  |  |
| 10. | My teacher is friendly and approachable. |  |  |  |  |
| 11. | I am not afraid to make a mistake in class. |  |  |  |  |
| 12. | We work in pairs and groups in class. |  |  |  |  |