

## TEACHER PERCEPTIONS OF DIRECTOR

**NAME OF DIRECTOR:** \_\_\_\_\_

**NAME OF CENTER:** \_\_\_\_\_

**Directions:** Place an (x) for the response that accurately represents your opinion.

PERFORMANCE IS SATISFACTORY WHEN DIRECTOR	Little or No Agreement		Strong Agreement			Don't Know
	1	2	3	4	5	X
1. Is a spiritual leader in the center.						
2. Relates well with staff members.						
3. Is seen as someone in whom I can have confidence.						
4. Is a positive influence at the center.						
5. Provides consistent, respectful and fair leadership to all employees, encouraging me to share ideas, comments and concerns.						
6. Informs and involves staff in decisions that affect me or my work with children.						
7. Completes appropriate staff evaluations, including observations and feedback.						
8. Works with me to develop professional growth plans and provides training opportunities.						
9. Plans and coordinates staff development through staff orientation, meetings, in-service training, professional conferences and continuing education.						
10. Schedules staff meetings at least monthly with agendas.						
11. Reviews safety issues in staff meetings.						
12. Is perceived as having positive relationships with parents.						

Supporting remarks should be included for items marked with either 1 or 2. Comments are welcome and may be continued on the reverse side of this form.

REMARKS: \_\_\_\_\_

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**PLEASE RETURN this form to your office by March 16, 2011**

