

Precious Pearls of Promise



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Pearl of the Month Parent Evaluation Form

Student Name: _____

Evaluation Month: _____

Parent Name: _____

Date Completed: _____

1. On a scale of 1 to 5: How would you rate your child's behavior this month?

- 1=Very Bad**
- 2=Needs Improvement**
- 3=OK**
- 4=Good**
- 5=Excellent**

2. What challenges do you feel your daughter has faced this quarter?

3. Did your child get into any trouble this month? Please explain.

4. What areas do you feel your child needs improvement in?

5. What was the biggest challenge your child faced this month?

6. Please leave any comments or concerns here:

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