



# Lakeview Community Schools



## *Student Perception Survey Reflection*

**Teacher Name:**

**School:**

**Date:**

### **Before giving the survey:**

1. Make some predictions on how you think students will respond to the survey.

*Type Here*

2. What concerns do you have about the survey?

*Type Here*

### **After analyzing the results:**

1. What did you learn from the results of the survey?

*Type Here*

2. Did the results of the survey match up with your predictions?

*Type Here*

3. How will you use the results of the survey to help improve your practice?

Type Here

Teacher's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*Attach results of the Student Perception Survey