**Teacher/Consultant Alliance Scale**

**Name:** **School:**

**Date:** **Role:** Teacher Consultant (circle one)

Teacher/Consultant with whom you have been working:

**Directions:** Circle the appropriate descriptor that best represents your experience with the teacher or consultant with whom you have been working.

1 = Never 2 = Seldom 3 = Sometimes 4 = Other 5 = Always

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| --- | --- | --- | --- | --- | --- |
| 1. The teacher/consultant and I agree on the most important goals for intervention. | 1 | 2 | 3 | 4 | 5 |
| 1. I feel confident of the teacher/consultant’s ability to help the situation. | 1 | 2 | 3 | 4 | 5 |
| 1. The teacher/consultant communicates effectively. | 1 | 2 | 3 | 4 | 5 |
| 1. The teacher/consultant and I trust one another. | 1 | 2 | 3 | 4 | 5 |
| 1. The teacher/consultant is approachable. | 1 | 2 | 3 | 4 | 5 |
| 1. The teacher/consultant and I are working together collaboratively to improve the situation. | 1 | 2 | 3 | 4 | 5 |
| 1. I feel satisfied with the utility and practicality of the suggestions and ideas provided by the teacher/consultant. | 1 | 2 | 3 | 4 | 5 |
| 1. The teacher/consultant followed through with commitments and responsibilities. | 1 | 2 | 3 | 4 | 5 |
| 1. Overall, the teacher/consultant has shown a sincere desire to understand and improve the situation. | 1 | 2 | 3 | 4 | 5 |
| 1. The time spent working with the teacher/consultant was effective and productive. | 1 | 2 | 3 | 4 | 5 |