**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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |