

TUTEE PROGRAM EVALUATION

I would like my name kept private.

Tutor's Name: _____

Tutored Subject: _____

Number of Semesters at SCCC:

Please read each of the following questions carefully and circle the response that reflects your opinion.

1. My tutor helped me understand my subject (select one).

Always Occasionally Never

2. Has your tutor always been on time for your tutorial session(s)?

Always Occasionally Never

3. Does your tutor come prepared in the subjects you need assistance?

Always Occasionally Never

4. What do you anticipate your grade will be as a result of tutoring? _____

5. What grade do you feel you would have achieved without tutoring? _____

6. How would you describe the areas/rooms you received tutoring in?

Small Noisy Quiet Comfortable Just Right

7. As a result of receiving tutoring do you feel: (please check all that apply)

- you have strengthened your ability to study and learn independently
- you have gained a better grasp of your subject this semester
- that you need further guidance in study habits and skills
- that the tutoring has made no difference in your learning

8. I would recommend the Tutoring Services to a friend

Always Occasionally Never

9. How did you find out about the tutoring program? (Please select one)

- SCCC Handbook
- Instructor
- Binnekill
- Other TRIO Student
- Other Student
- Poster
- Other _____

10. Briefly comment on any positive features of the program:

11. Briefly comment on how this program could be improved: