



Post-Conference Evaluation

Your Name _____ Student ID _____ Tutor's Name _____

Grade Level _____

Date of tutoring session _____ Time of day (circle): Lunch After School LS6 Other _____

Course (Algebra 2, N/A, etc.) _____ Teacher (write N/A if not for a class) _____

1. Is this your first time working with a peer tutor? Yes No

2. How did you hear about us? (Circle all that apply)

- A friend told me about Peer Tutoring
- A teacher recommended it
- I saw an advertisement

- I'm a tutor
- I've been here before
- Other: _____

3. Do you plan to use the peer tutors again? Yes No

4. What is your opinion of Peer Tutoring after today's conference? Not helpful Somewhat helpful Very helpful

Please flip over! →



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5. I plan to use the feedback or tips from my tutor as I continue work in this subject. No Somewhat Yes

6. I still feel that my work is my own. No Somewhat Yes

7. Please circle any strengths you noticed in your tutor:

Friendliness Listening skills Working Together
Knowledge about subject Clear explanations Other: _____

Please explain: _____

8. Please circle any areas where your tutor could improve:

Friendliness Listening skills Working Together
Knowledge about subject Clear explanations Other: _____

Please explain: _____

9. Do you have any additional suggestions or comments for the Peer Tutoring program?

10. If the peer tutoring center were to be open before school once a week beginning at 7:15, would you be interested in attending?

Yes No Maybe

Thank you for your feedback. Please place this in the white box near the door.

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