

451 Nímítz Avenue Redwood Cíty, Ca. 94061 home 650.367.7883 Cell 650.207.6809 thegaskins@toolshed.org

EXIT EVALUATION FOR STUDENTS

 Name_____
 School_____

 Course(s)_____
 Academic Year_____

I) What are your overall feelings about the tutoring sessions?

II) What things did you enjoy the most and think should stay the same?

III) What suggestions for improvement do you have?

IV) How did the sessions compare with other tutoring or one-on-one sessions you've had?

V) What topic will you never forget or what became especially clear to you?

VI) Would you recommend John as a tutor to another student:

____definitely ____probably not _____definitely not

VII) Please check the appropriate column:

Do you feel that:	improved	stayed the same	decreased
a) your comprehension of past material			
b) your comprehension of current material			
c) your scientific abilities			
d) your enjoyment of science/math			
e) your confidence in science/math class			
f) your desire to take future science/math courses			

VIII) Would you be willing to have your name and comments released to prospective tutoring applicants as part of John's references? ____yes ____no

Would you be willing to have your comments posted on our website? ____yes ____no

IX) Any other comments?

THANK YOU VERY MUCH FOR TAKING THE TIME TO FILL OUT THIS QUESTIONNAIRE We greatly appreciate your referrals to friends and neighbors.

Gaskin Tutoring Services

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EXIT EVALUATION FOR PARENTS

Name

Student's Name

I) What are your overall feelings about the tutoring sessions?

II) What suggestions for improvement do you have?

- III) Would you recommend John as a tutor to another student: _____definitely ____probably ____probably not _____definitely not
- IV) Would you be willing to have your name and comments released to prospective tutoring applicants as part of John's references? yes no
 Would you be willing to have your comments posted on our website?

Would you be willing to have your comments posted on our website? _____yes _____no

V) Please check the appropriate column:

Do you feel that:	improved	stayed the same	decreased
a) your child's comprehension of past material			
b) your child's comprehension of current material			
c) your child's scientific abilities			
d) your child's enjoyment of science/math			
e) your child's confidence in science/math class			
f) your child's desire to take future science/math courses			

Feel free to write additional comments on the back of this page.

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