

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<br>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<br>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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