PARENT/GUARDIAN FEEDBACK FORM

Thank you for participating in the State Tutoring Fund Program. Your feedback will help tutoring providers improve services and establish goals for the coming school year.

Student Grade Level: _____

Tutoring Provider: _____

Scale: 0 = Not Applicable | 1= Strongly Disagree | 2 = Disagree | 3 = Agree | 4 = Strongly Agree

1. The tutoring provider communicated clearly and regularly with me about my child's participation and progress.

☐ 0 (N/A) ☐ 1 ☐ 2 ☐ 3 ☐ 4

Comments (optional): _____

_____

2. I believe my child made academic progress as a result of participating in tutoring services.

☐ 0 (N/A) ☐ 1 ☐ 2 ☐ 3 ☐ 4

Comments (optional): _____

_____

3. Since participating in tutoring, my child has shown greater confidence and engagement in learning.

☐ 0 (N/A) ☐ 1 ☐ 2 ☐ 3 ☐ 4

Comments (optional): _____

_____

4. The tutor(s) provided instruction that met my child's learning needs.

☐ 0 (N/A) ☐ 1 ☐ 2 ☐ 3 ☐ 4

Comments (optional): _____

_____

5. The tutor(s) treated my child and family with respect and professionalism.

☐ 0 (N/A) ☐ 1 ☐ 2 ☐ 3 ☐ 4

Comments (optional): _____

_____

6. Tutoring sessions were provided consistently and as scheduled.

☐ 0 (N/A) ☐ 1 ☐ 2 ☐ 3 ☐ 4

Comments (optional): _____

_____

7. Overall, I am satisfied with the tutoring services my child received.

☐ 0 (N/A) ☐ 1 ☐ 2 ☐ 3 ☐ 4

8. I would recommend this tutoring provider to other families.

☐ 0 (N/A) ☐ 1 ☐ 2 ☐ 3 ☐ 4

Additional comments or recommendations: _____

_____

_____

_____

_____