SITE COORDINATOR FEEDBACK FORM

School: _____

Tutoring Provider: _____

Coordinator Name: _____ School Year: _____

Scale: 1= Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent

1. How effectively did the tutoring provider communicate with school staff regarding scheduling, student participation, program updates, and any issues requiring attention?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments (optional): _____

_____

2. How satisfied were you with the accuracy, completeness, and organization of documentation provided by the tutoring provider?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments (optional): _____

_____

3. How consistently did the tutoring provider meet deadlines and respond to requests in a timely manner?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments (optional): _____

_____

4. How would you rate the professionalism of the tutoring provider and its staff when working with students, families, and school personnel?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments (optional): _____

_____

CONTINUE ON BACK

5. How effectively did the tutoring provider collaborate with school staff to support student needs and program implementation?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments (optional): _____

_____

6. To what extent did the tutoring services positively impact participating students' academic progress and engagement?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments (optional): _____

_____

7. How consistently did tutors attend scheduled sessions and provide uninterrupted services?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments (optional): _____

_____

8. Overall, how satisfied were you with the tutoring provider's services this school year?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Would you recommend this provider for future participation in the State Tutoring Fund program?

☐ Yes

☐ No

☐ With Improvements

Additional Comments or Recommendations: _____

_____

_____

_____

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_____