

UCC Academic Success Center

ESB 15

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Tutor Evaluation Form

Date: _____

Tutor: _____ **Subject:** _____

May we show this evaluation to the tutor? (Please circle) Yes No

How many times have you met with this tutor? _____

(Please Circle)

Did this tutor guide and encourage you to find answers, rather than give answers? Yes No

Did you understand the tutor's explanation? Yes No

If not, did you feel comfortable asking for clarification? Yes No

Do you feel this tutor was interested in you and your success? Yes No

Would you return to this tutor? Yes No

What did you like best about your session with this tutor? _____

Do you have any constructive feedback for this tutor? _____

Do you have other general tutoring comments? _____

Student's Name _____ **(optional)**

