

## Year-End Parent Evaluation

CHURCH/PROGRAM NAME would like to know what you think of our tutoring program, especially in regard to the help it has given your child. Please give us your feedback by filling out this questionnaire. Thank you.

Student Name (optional): \_\_\_\_\_

1. Is your child doing better in ...  
Reading? .....  Yes .....  No .....  Was not a problem  
Math? .....  Yes .....  No .....  Was not a problem  
Study Skills? .....  Yes .....  No .....  Was not a problem  
Self-Esteem? .....  Yes .....  No .....  Was not a problem  
Homework completion? .....  Yes .....  No .....  Was not a problem  
Positive attitude about school? ...  Yes .....  No .....  Was not a problem  
Behavior? .....  Yes .....  No .....  Was not a problem  
Interest in learning new things? ...  Yes     No     Was not a problem
2. If you answered yes to any part of #1, would you say your child's coming to weekly tutoring has made a difference in his/her progress?  
 Critical turning point     A lot of difference     Some difference  
 No difference                       Don't know
3. Do you feel you have been informed about the work we are doing with your child?  Well informed     Somewhat informed     Uninformed
4. Have you felt welcome at the tutoring site (treated nicely, free to ask questions, etc.)?     Yes             No  
Why or why not? \_\_\_\_\_  
\_\_\_\_\_
5. What do you like about our tutoring program? What could be improved?  
\_\_\_\_\_  
\_\_\_\_\_
6. Does your child look forward to attending our tutoring program?  
 Always             Sometimes             Never
7. How would you describe your child's relationship with his/her tutor?  
 Excellent             Good             Fair             Poor

**Thank you for taking time to complete this evaluation!**  
**Please feel free to use the back of this form for additional comments.**