

Brookline Teen Outreach Tutoring Evaluation Form



Date: _____

Your Name: _____ Tutor Name: _____

Subject(s) tutored: _____

Was your tutor able to help you? Yes No

Why or why not? _____

Would you use this tutoring program again in the future? Yes No

Why or why not? _____

How likely are you to recommend this tutoring program? (circle one)

Very likely Somewhat likely Neutral Not very likely Not at all likely

Please describe ways in which the tutoring program could be improved:

Additional comments:
