



Address:
2870 W Walnut St,
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Rogers, AR 72756
Phone: (479)715-2007
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TUTOR EVALUATION FORM

Matheaze Tutors request that you evaluate the tutoring sessions you have received. Your feedback is very important for achieving our goal of building a quality tutoring program. Your honest response will be highly appreciated.

Name of tutor _____

Subject/test prep _____

1. The tutor knows and understands the subject matter of this course.
 - ☐ Always
 - ☐ Most of the time
 - ☐ Sometimes
 - ☐ Rarely
2. The tutor can explain ideas and concepts clearly.
 - ☐ Always
 - ☐ Most of the time
 - ☐ Sometimes
 - ☐ Rarely
3. The tutor ask me questions, has me work problems.
 - ☐ Always
 - ☐ Most of the time
 - ☐ Sometimes
 - ☐ Rarely
4. The tutor listen to me and try to understand my problems.
 - ☐ Always
 - ☐ Most of the time
 - ☐ Sometimes
 - ☐ Rarely
5. The tutor is patient with me.
 - ☐ Always
 - ☐ Most of the time
 - ☐ Sometimes
 - ☐ Rarely
6. The tutor is trying to accommodate my learning style.
 - ☐ Always
 - ☐ Most of the time
 - ☐ Sometimes
 - ☐ Rarely
7. The tutor uses different aids like tablets, graphs, hands-on, etc to explain material when possible



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- ☐ Always
 - ☐ Most of the time
 - ☐ Sometimes
 - ☐ Rarely
8. The tutor comes to the tutoring sessions on time
- ☐ Always
 - ☐ Most of the time
 - ☐ Sometimes
 - ☐ Rarely
9. Overall, sessions with this tutor were helpful and improved my knowledge of the subject.
- ☐ Always
 - ☐ Most of the time
 - ☐ Sometimes
 - ☐ Rarely
10. Would you recommend Matheaze tutors to anyone?
- ☐ Always
 - ☐ Most of the time
 - ☐ Sometimes
 - ☐ Rarely
11. I give Matheaze Tutors my permission to use my comments for marketing purposes.
- ☐ Yes
 - ☐ No
12. Are there any other aspects you would like to recommend for future improvements?
13. Are there any other areas you would like to recommend for future improvements for Matheaze Tutors and your specific tutor?

I certify that the answers are mine and thereby agree to allow Matheaze to collect the data I provided on this form

Name of Student _____ Signature _____ Date _____