

**SCHOOL OF GENERAL STUDIES PEER TUTORING PROGRAM**

**250 RYDER HALL  
(617) 373-7362**

Program Evaluation by Student (Tutee)

Date: \_\_\_\_\_ Course(s) for which you received tutoring: \_\_\_\_\_

**A. Peer Tutor Services**

What type of Peer Tutoring Service(s) have you used? (Circle when appropriate.)

- |                      |                   |
|----------------------|-------------------|
| a. One-on-One        | c. Group tutoring |
| b. In-class tutoring | d. Walk-ins       |

For Walk-in Peer Tutoring Services, please indicate your preference.

- |                               |   |
|-------------------------------|---|
| a. Monday activities period   | c. Monday <b>and</b> Thursday activities period |
| b. Thursday activities period | d. Other _____                                  |

**B. Evaluation of Peer Tutors** (Please circle one.)

1. In your opinion, how knowledgeable was the SGS peer tutor(s) on the subject(s) they tutor?

- a. Extremely knowledgeable
- b. Very knowledgeable
- c. Somewhat knowledgeable
- d. Need improvement

2. In your opinion, how prepared was the SGS peer tutor(s) on the subject they tutor?

- a. Extremely prepared
- b. Very prepared
- c. Somewhat prepared
- d. Need improvement

3. In your opinion, how effective was the SGS peer tutor(s)?

- a. Extremely effective
- b. Very effective
- c. Somewhat effective
- d. Need improvement

**C. Program Evaluation**

1. How were you referred to the peer tutoring service? (Instructor, advisor, friend, etc.)

2. Were you treated with respect during your tutoring session(s)? Yes/No? Please explain.

3. Was making and keeping an appointment relatively simple and efficient? Yes/No? Please explain.

4. What would you say are the most positive aspects of SGS Peer Tutoring?

5. In your opinion, what areas of SGS Peer Tutoring need improvement?

