

TUITION EVALUATION FORM



Child's Name:

Parent's Name:

Contact Telephone Number:

Tuition Start Date:

Tuition Finish Date:

Tuition Focus:

PRE –TUITION

Before your child completed the tuition, please complete the table below by letting us know how much knowledge and experience they already had in the below outcomes:

	Rate 1 – 4 1 = not confident 4 = very confident			
	1	2	3	4
1.				
2.				
3.				

POST – COURSE

Following the tuition, please complete the table below:

	Unsatisfactory	Satisfactory	Good	Excellent
Handouts & Resources				
Relevance of content				
Pace & Delivery				
Opportunity for questions				
Tuition prices				
Tuition timing and availability				

Following tuition, please explain how you feel is has impacted on your child's learning?

As part of our quality assurance process we may contact you in 6 months' time to reflect on what the impact has actually been. Are you happy for us to contact you?

YES

NO

We'd like to know how likely you are to recommend our services:

Extremely likely	Likely	Not likely

Please give us reasons for your answer:

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Please complete the table below now your child has accessed tuition and let us know how confident they now feel in the following areas;

Rate 1 – 4 1 = not confident 4 = very confident			
1	2	3	4

1.				
2.				
3.				

Any other comments/ feedback...