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**EVALUATION FORM  
 FOR  
 SES TUTORING PROGRAM**

Program Title:		<b>MATH/READING TUTORING</b>		
Name of School District:				
Name of School or After School Program				
Student Name		Grade:		
Parent/ Guardian Name:				
Teacher Name:		Date:		
MATERIAL CONTENT		AGREE	SOMEWHAT AGREE	DISAGREE
1.	The material was well organized for your child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	The lesson format was clear and precise for your child to comprehend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Your child grade has improved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	The teacher is meeting your child's educational needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Your child enjoys the tutoring program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	The teacher uses examples as part of lessons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	The tutoring pace was comfortable for your child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	I would recommend S&L Consultants tutoring program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Overall, the content has benefited your child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>What topics covered were most helpful to your child?</b>				
<b>What areas of educational concerns do you have for your child?</b>				