

**School of Health Professions**  
**Tutor Feedback of Individual Tutees**

Your leadership in the Tutorial Program is very important to us, and we hope you found it rewarding. To provide the type of services that will meet other student's academic concerns, we value your input.

This form can be submitted by saving it to your computer and then submitting the form as an attachment in an email to [shp.studentaffairs@utmb.edu](mailto:shp.studentaffairs@utmb.edu). If you wish the form to remain anonymous, print the form and bring the completed form to the Office of Academic & Student Affairs, Room 4.226.

Thank you,  
Academic & Student Affairs

Tutee Name: \_\_\_\_\_  
(Please use separate form for each student assigned to you)

Course(s) in which you tutored this student:

Department	Course Title	Date & Time of Session	Type of Session

Please select appropriate answer for each question below:

The tutee had a positive attitude. \_\_\_\_\_

My tutee kept appointments or rescheduled in a timely manner. \_\_\_\_\_

My tutee was prepared with questions for the sessions. \_\_\_\_\_

From your perspective as a tutor, please rate the success of the tutoring session: \_\_\_\_\_

Please rate the following results of your tutoring sessions:

The tutee gained a better understanding of the subject matter. \_\_\_\_\_

After tutoring, the student was better able to apply the content. \_\_\_\_\_

The student's self-confidence improved. \_\_\_\_\_

The student seemed to increase his/her critical thinking and problem solving skills. \_\_\_\_\_

The student improved his/her study skills. \_\_\_\_\_

What advice would you have for future tutors?

Other comments/suggestions:

Your Name: \_\_\_\_\_

Date: \_\_\_\_\_