

# MISD-Bilingual Education Program Instructional Assistance/ Tutor Performance Evaluation

Please send the completed evaluation to Su McKeithen-Polish via e-mail at [smpolish@mysd.net](mailto:smpolish@mysd.net) or by fax at (586) 286-2809.

Date:

Tutor:

Student:

District:

School:

Teacher/Counselor:

**Please the appropriate box:**

- |   |                                 |                                |                                 |                              |
|---|---------------------------------|--------------------------------|---------------------------------|------------------------------|
| 1. Does the tutor show up to work with your student?      | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Rarely | <input type="checkbox"/> N/A |
| 2. Does the tutor communicate with you about the student? | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Rarely | <input type="checkbox"/> N/A |
| 3. Is the tutor helpful when needed?                      | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Rarely | <input type="checkbox"/> N/A |
| 4. Are you satisfied with the tutor's assistance?         | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Rarely | <input type="checkbox"/> N/A |

Teacher/Counselor Suggestions:

---

---

---

---

---

---

---