

# Parent/guardian Feedback

All answers to the questions below will be reviewed to understand how we can better support your child's learning journey. Please take a moment to reflect on your tuition/mentoring experience.

Date:	
Student:	
Tutor/mentor:	

What aspects of the tutoring sessions do you think have been most beneficial?	
Are there any specific areas where you feel your child has improved as a result of the tutoring sessions?	
Are there any changes you would suggest to help make the tutoring sessions more effective or engaging for your child?	

Please rate the tutor's performance against each of the following criteria (please tick one box per line). Please provide further details in the 'Additional comments' box if required, especially if you select 'Below expectations' for any of the criteria

Criteria:	Exceeds expectations	Meets expectations	Below expectations	N/A
Professional conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subject and curriculum knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to engage your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality and reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progression of your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall quality of tutoring your child receives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Additional comments