



Student Evaluation Packet

Literacy Council of Benton County, Inc.

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Student Evaluation Form
(Tutor completes this form and returns the evaluation to LCBC)

Student Name _____ Date _____
Tutor Name _____

1. What are your student's strengths? _____

2. Do you notice any difficulties your student is having in class? Do you want to discuss how to work with those difficulties?

3. What materials are you using with your student? Please indicate which lessons you are currently using in each book.

Core Material _____	Lesson _____
Supplemental Material _____	Lesson _____
Supplemental Material _____	Lesson _____

4. Has your student completed the Basic Life Skills study Guide?
__ Yes __ No __ In Progress

5. What life skills have you been working on since your last report? Ex: Reading Prescription Labels or Maps, making a grocery list, filling out forms etc. _____

6. Have the goals or objectives of your student changed since your last report? _____

7. How long have you been tutoring this student? _____

Additional Questions, Suggestions, or Comments:

Thank you for continuing to give your valuable gifts of time and talent.
We appreciate you!