Education 251: Psychological Foundations of Education
Tutoring Experience Evaluation Form

Date: ______________________ Name of Student: ____________________________________

Participating Teacher: ___________________________________________________________

School: _______________________________________

Please rate the student’s performance by Circling One Number for each question below
according to the following key:

<table>
<thead>
<tr>
<th>1 - Never</th>
<th>2 - Seldom</th>
<th>3 - Occasionally</th>
<th>4 - Frequently</th>
<th>5 - Always</th>
</tr>
</thead>
</table>

1. Was a careful observer of student behavior. 1 2 3 4 5
2. Demonstrated a willingness to listen to and understand students. 1 2 3 4 5
3. Displayed a willingness to learn from you, other teachers and staff. 1 2 3 4 5
4. Attempted to become familiar with various learning materials used in the classroom and available in the school. 1 2 3 4 5

Please circle Yes or No for the following questions:

5. Has this OWU student regularly fulfilled his/her commitments to you? (e.g. appeared on time, prepared materials and activities as previously agreed upon, etc.) YES NO
6. Was the OWU student dependable? (Did he/she accept responsibility, follow through on delegated tasks, etc.) YES NO
7. Was the dress, appearance and conduct of the OWU student acceptable? YES NO
8. Was it helpful to you to have this OWU student assist the students? YES NO

How would you rate the overall effectiveness of this OWU student?
(Please circle one.)

<table>
<thead>
<tr>
<th>Poor</th>
<th>Needs Improvement</th>
<th>Average</th>
<th>Above Average</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

At the completion of the experience, please mail or fax this form to:

Ohio Wesleyan University
Education Department
61 S. Sandusky Street
Delaware, OH 43015

Fax: 740-368-3553

Return by ______________________

11/27/2013 yellow