

Monthly Tutor Peer Advisor Evaluation



Date: _____

School or Site: _____

Teacher/Supervisor Name: _____

Class: _____

Email: _____

Period or time: _____

Tutor/Peer Advisor Name: _____

Evaluation for Month of: _____

	Above Average	Average	Below Average	Unsatisfactory	Not Applicable	Additional Comments:
Overall Performance Level:						
Relationship with students served:						
Attendance / Punctuality						
Dependability / Initiative						
Willingness to accept instruction						
Carried out assigned duties:						
If applicable, does the tutor follow the AVID tutorial model?						
Does the tutor follow the school dress code?	YES	NO				
Does tutor wear their Cal-SOAP nametag?	YES	NO				
Additional Comments:						

Supervising Teacher's Signature: _____

Thank you for completing this evaluation. Your input will help us to improve the quality of Tutor Peer Advisor Program. Information obtained on this evaluation may be shared with the Cal-SOAP tutor in order to improve their work performance. If you have any questions please contact the Cal-SOAP Tutor Coordinator, at 805-963-6078 or tutorcoordinator@sbcc.edu. Thank you!