

After-School Tutoring Program Feedback Form

I am a:

- ☐ Student
- ☐ Parent/Guardian
- ☐ Volunteer
- ☐ Other

Name:

Email (optional):

How satisfied are you with the program?

What do you like most about the program?

How can we improve the program?

How has the program impacted you or your child?

Which days did you attend? (Check all that apply)

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday

