

Alpha Academic Services

Student Evaluation of Services

Your opinion matters to us! You may wish to leave off your name and ID so that you can give your candid evaluation. Please take a few moments to fill this out and drop it in campus mail (Box 29204) or in one of the boxes in the Alpha office or tutoring areas or send it as an email attachment to jimenezj@acu.edu.

Name _____ (Optional) I.D.# _____ (Optional)

Date _____

Types Of Assistance You Used

Tutoring : In what area(s)? Writing Reading English Study Skills Other _____

Counseling

Disability Accommodation (please specify) _____

How often have you used Alpha services?

Daily ___ hrs. Weekly ___ hrs. Monthly ___ hrs. Occasionally ___ times ___ hrs.

Observations and Suggestions:

Based on your experience this semester, how has Alpha helped you?

Based on your experience this semester, how could Alpha have better helped you?

Do you expect to need further assistance from Alpha Academic services? Yes No

(more)

Service Evaluation

	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree	Not Applicable
1. Tutoring assistance has helped me improve my grades this semester.	1	2	3	4	5	N/A
2. The tutoring offered was relevant to my courses.	1	2	3	4	5	N/A
3. Tutoring has helped me improve my work habits in the subjects tutored.	1	2	3	4	5	N/A
4. I am able to take the study skills I have learned in tutoring and use them on my own in other subject areas.	1	2	3	4	5	N/A
5. Alpha tutors were usually available when I needed them.	1	2	3	4	5	N/A
6. Alpha counseling addressed areas in which I needed assistance.	1	2	3	4	5	N/A
7. Alpha counseling helped me to choose and use new methods of coping with the challenges I have been facing.	1	2	3	4	5	N/A
8. Social and other events I have attended with Alpha have given me new experiences.	1	2	3	4	5	N/A
9. Test accommodations have enabled me to perform better on tests.	1	2	3	4	5	N/A
10. Study skills tutoring has helped me learn ways of studying more material in less time than I had previously required.	1	2	3	4	5	N/A
11. Study skills tutoring has helped me learn ways to remember more of what I study.	1	2	3	4	5	N/A
12. The Alpha staff has been sensitive and responsive to my needs.	1	2	3	4	5	N/A

Request for Summer Tutoring

Summer tutoring, counseling, or disability accommodations for Alpha students will be provided by prior arrangement only. It is ***extremely important*** that you notify us in advance of your anticipated tutoring needs for Maymester, Summer I or Summer II. Please specify what type of tutoring you expect to need, and how often you would like to receive tutoring. **Alpha tutors and/or counselors will not be available unless you specifically request times and subjects to be tutored or to receive counseling services.**

Maymester:

Type of Assistance Needed	Frequency of Services Requested	Specific Days/Times You Request Services
<input type="checkbox"/> Tutoring - math/science	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other	M T W R F Time(s):
<input type="checkbox"/> Tutoring - English/writing	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other	M T W R F Time(s):
<input type="checkbox"/> Tutoring - study skills	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other	M T W R F Time(s):
<input type="checkbox"/> Tutoring – other Subject:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other	M T W R F Time(s):
<input type="checkbox"/> Personal counseling	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other	M T W R F Time(s):
<input type="checkbox"/> Disability accommodations	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other	M T W R F Time(s):

Summer I:

Type of Assistance Needed	Frequency of Services Requested	Specific Days/Times You Request Services
<input type="checkbox"/> Tutoring - math/science	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other	M T W R F Time(s):
<input type="checkbox"/> Tutoring - English/writing	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other	M T W R F Time(s):
<input type="checkbox"/> Tutoring - study skills	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other	M T W R F Time(s):
<input type="checkbox"/> Tutoring – other subject:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other	M T W R F Time(s):
<input type="checkbox"/> Personal counseling	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other	M T W R F Time(s):
<input type="checkbox"/> Disability accommodations	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other	M T W R F Time(s):

Summer II:

Type of Assistance Needed	Frequency of Services Requested	Specific Days/Times You Request Services
<input type="checkbox"/> Tutoring - math/science	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other	M T W R F Time(s):
<input type="checkbox"/> Tutoring - English/writing	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other	M T W R F Time(s):
<input type="checkbox"/> Tutoring - study skills	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other	M T W R F Time(s):
<input type="checkbox"/> Tutoring – other subject:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other	M T W R F Time(s):
<input type="checkbox"/> Personal counseling	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other	M T W R F Time(s):
<input type="checkbox"/> Disability accommodations	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other	M T W R F Time(s):

Signature _____

Date _____