TRiO
STUDENT SUPPORT SERVICES

Creighton
UNIVERSITY

Student Support Services

# Tutor Daily Evaluation Form

**Student's Name:** _____

**Student's Signature:**_____

**Tutor's Name:** _____

**Date:** _____ **Begin Time:** _____ **End Time:** _____

**Did the student attend the session?** ☐ Yes ☐ No

**Did the student arrive on time?** ☐ Yes ☐ No

**Did the student come prepared?** ☐ Yes ☐ No

**Subject tutored:** _____

**Session Summary (please specify subjects covered, study skills reinforced, other issues, etc.):**

_____

_____

_____

**Problem Areas:**

_____

_____

**Progress:**

_____

_____

**Next Appointment: Date:** _____ **Time:**_____ **Location:** _____