

Academic Skills Center Tutor Program Tutor Evaluation

Tutor Information:

Name: _____ Date of Birth: __/__/____

Primary Tutoring Subject: _____ JJC ID Number: _____

Training Information:

Completed Level One Trainings	Date Completed	Date Led
Academic Skills Center Training Manual and FERPA		
Good Tutor/ Poor Tutor		
The Tutoring Cycle		
Basic Learning Styles		
Proctoring		
Career Services		
Recognizing and Preventing Violence on Campus		
Time Management		
Active Reading and Textmarking		
Sexual Harassment Training		

Completed Level Two Trainings	Date Completed	Date Led
Interpersonal Skills: Myers-Briggs Type Indicator		
Test-Taking Tips		
ACT COMPASS: Leading a Review Session		
Referral Scavenger Hunt		
Disability Services		
Library Services		
Leadership: Leading and/or Creating a Session		

Tutoring Information:

Semester: Fall Spring Summer

Month (Circle one per column)	August January May	September February June	October March July	November April August	December May -----
Number of Students Seen					
Hours Tutored					

Project Information:

Description:

Deadline:

Progress (Attach paperwork as necessary.)

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