

Supplemental Educational Services Classroom Teacher Survey

Please complete this survey for each SES provider that worked with your students.

School Name: _____ Grade level(s) taught: _____

District: _____

Content Area: _____

Provider Name: _____

1. This provider communicates with me:

Monthly Quarterly Semi-annually Annually Not at
all

2. This provider meets its obligations for conducting tutoring sessions:

Frequently Occasionally Not at all Unsure/Don't Know

3. This provider communicates with parents:

Frequently Occasionally Not at all Unsure/Don't Know

4. This provider adapted its services to this school's curriculum.

Strongly Agree Agree Neutral Disagree Strongly
Disagree

5. This provider worked with me to establish learning goals for my student(s).

Strongly Agree Agree Neutral Disagree Strongly
Disagree

6. Reports on student progress are easily understandable.

Strongly Agree Agree Neutral Disagree Strongly
Disagree

7. Reported student progress accurately reflects student classroom performance.

Strongly Agree Agree Neutral Disagree Strongly
Disagree

8. Student achievement on local and state assessments has increased since the beginning of services.

Strongly Agree
Disagree

Agree Neutral

Disagree

Strongly

9. I believe the services offered by this provider positively impacted student achievement.

Strongly Agree
Disagree

Agree Neutral

Disagree

Strongly

10. Overall, I am satisfied with the services of this provider.

Strongly Agree
Disagree

Agree Neutral

Disagree

Strongly

11. Please make any additional comments you have about this provider below: