



# TUTOR SURVEY 2011

Literacy  
Volunteers of  
Oswego County, Inc.  
*Read to Succeed*

Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/ 2011

## 1) Tutoring Experience

a. Please score your overall experience as a tutor:

	EXCELLENT		AVERAGE		POOR
	1	2	3	4	5
Learner cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learner attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learner progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tutoring Times/location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tutoring confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructional assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tutor log convenience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify): \_\_\_\_\_

b. Do you feel you would benefit from a tutor refresher course?  Yes  No

c. Would you be interested in taking an ELL (English Language Learners, formerly ESL) tutor training class?  Yes  No

d. Would you be interested in meeting with other tutors in a casual setting to discuss ideas or concerns?  No  Yes If yes, how often?  Bi-Monthly  Quarterly

e. What made you decide to volunteer as a tutor? \_\_\_\_\_

f. How has tutoring affected your life? \_\_\_\_\_

g. What tutoring skills have you acquired since your original training that you think should be included in the Tutor Training class? \_\_\_\_\_

h. If you could say just one thing to convince someone to become a tutor with LVOC, what would you say? \_\_\_\_\_

**2) LVOC Resources**

a. How would you rate the usefulness of LVOC Resources?

	EXCELLENT		AVERAGE		POOR
	1	2	3	4	5
Usefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. What types of ELL/Literacy resources would you like added to our resource collection? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. What other resources do you use (libraries, websites, etc.)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d. If you haven't used our materials, what has prevented you from doing so? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

e. How could we make LVOC resource materials more accessible to you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3) Computer Literacy**

a. Have you used a computer with your learner?  Yes  No

b. If so, where?  LVOC office  Library-\_\_\_\_\_  Other: \_\_\_\_\_

c. What for?  Basic computer skills  Math  GED Prep  
 Reading  Accessing resources  Other\_\_\_\_\_

d. Recommendations for other tutors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4) LVOC Staff Support**

How would you rate the quality of assistance of LVOC staff?

	EXCELLENT		AVERAGE		POOR
	1	2	3	4	5
Program Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other LVOC Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5) Newsletter & Website**

a. How would you rate the following?

	EXCELLENT		AVERAGE		POOR
	1	2	3	4	5
Newsletter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Since the LVOC **newsletter** has been changed to e-newsletter form, would you still prefer to have a paper copy sent to you by mail?  Yes  No

c. Do you read the newsletter, or refer back to it?  Yes  No

d. What do you like/dislike about it? \_\_\_\_\_

e. How often do you visit the **website**?  Weekly  Monthly  As needed  Other: \_\_\_\_\_

f. What do you like/dislike about it? \_\_\_\_\_

g. What resources on the website are helpful? \_\_\_\_\_

**6) In-Services**

We would like to ensure that we are conducting In-Services which are relevant to you. How would you rate the quality of last Tutor In-Service you attended?

	EXCELLENT		AVERAGE		POOR
	1	2	3	4	5
Quality/Relevance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date or Topic of last one attended (11/10 - Providers Forum, 5/10 - Contextualized Learning, or 4/10 - Road to Reading with Maria Murray):

\_\_\_\_\_

a. What topics would you like offered? \_\_\_\_\_

b. Would you like Maria Murray to return with part 2 of Road to Reading?  Yes  No

c. Do you have any suggestions for improving our in-services? \_\_\_\_\_

**7) Tutor/Learner Events**

a. Have you attended an Annual Awards Picnic?  Yes  No

b. Have you attended a Holiday Social?  Yes  No

c. If no, what kept you from attending?  Weather  Date/time  Location/transportation  
 Not interested  Other: \_\_\_\_\_

d. Do you have suggestions on how to improve these events?  No  Yes, \_\_\_\_\_

\_\_\_\_\_

e. Would you like to help with an event?  Annual Awards Picnic  Holiday Social

