



Supplemental Educational Services (SES) Survey for Parents and Guardians

The Department of Elementary and Secondary Education is conducting a survey to learn more about the free tutoring your child received this year. It will help us improve the quality of the tutoring.

The survey should take about five minutes to finish, and your responses are confidential.

If you need help, please call us at (781) 338-6328. Thank you!

1. The name of my child's school district is:

2. The name of my child's school is:

3. What is your child's grade?

- | | |
|----------------------------|-----------------------------|
| <input type="checkbox"/> K | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 8 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 9 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 10 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 11 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 6 | |

4. What was the name of the program, company, or school district that tutored your child?

5. Did someone at your child's school tell you about the free tutoring?

- Yes
- No
- I don't remember

6. Did you get to choose from a list of SES providers?

- Yes
- No
- I don't remember

7. Did you get the SES provider you wanted for your child?

- Yes
- No
- I don't remember

8. Did you have enough time to enroll your child in the tutoring?

- Yes
- No
- I don't remember

9. When did your child start his or her tutoring?

- Fall
- Winter
- Spring
- I don't remember

10. Were you part of the meeting to help write a tutoring plan for your child?

- Yes
- No
- I don't remember

Please continue to the next page >>

11. Did you approve of your child's tutoring plan?

- Yes
- No
- I don't remember

12. Did you receive reports on your child's progress from the SES provider?

- Yes, 3 or more reports during the year
- Yes, less than 3 reports during the year
- No
- I don't remember

13. Did the tutoring help your child do better in school?

- Yes
- No

14. How many times each week did your child go to tutoring?

- 1
- 2
- 3
- 4
- 5
- I don't remember

15. Did your child like going to the tutoring?

- Yes
- No

16. Did the tutor seem able to help your child?

- Yes
- No
- I don't remember

17. How would you rate this program, based on the experience of you and your child?

- Very Satisfied
- Satisfied
- Neither Satisfied nor Dissatisfied
- Dissatisfied
- Very Dissatisfied

18. Would you enroll your child in tutoring again next year if you had the opportunity?

- Yes
- No

19. Is there anything you would like to tell us about the program or your child's experience?

Thank you for your time! When you are finished, please hand in your survey, or mail it to:

**Massachusetts Department of Elementary and Secondary Education
75 Pleasant Street
Malden, MA 02148**