

# Tutor Group Feedback

We're glad you participated in an Alison tutor study group! Responses to this survey will be shared with both your tutor and Alison. Your feedback supports us improving the tutor group experience for learners and tutors in the future. Thanks!

**1. What was the online course you worked through?**

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**2. Where did your tutor group meet?**

*e.g. "Edgewater branch of Chicago Public Library" or "Chris's house in Wellington, NZ"*

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**3. How did you hear about this tutor group?**

*Check all that apply.*

- 5 A flyer/poster
- 5 Social media
- 5 Word of mouth
- 5 ALISON website
- 5 Other: \_\_\_\_\_

**4. Have you taken an online course before?**

*Mark only one box.*

- 5 Yes, in a subject related to this tutor group
- 5 Yes, but in a different subject
- 5 No, but I knew that free, online courses existed
- 5 No, and I didn't know that free online courses existed

**5. What is the primary reason you signed up for the tutor group?**

*Mark only one box.*

- 5 To increase my employability
- 5 Professional development
- 5 To accompany traditional higher education
- 5 Personal interest in subject matter
- 5 For social reasons
- 5 Other: \_\_\_\_\_

**6. Are you currently working and/or studying?**

*Mark only one box.*

- 5 Working full time
- 5 Working part time (but want full time work)
- 5 Working part time (and don't want full time work)
- 5 Unemployed
- 5 Full-time student
- 5 Part-time student (and also working)
- 5 Part-time student (and not also working)
- 5 Other: \_\_\_\_\_

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**7. Which best describes you?**

*Mark only one box.*

- I signed up, but never attended.
- I attended a few, but didn't stick with it.
- I was a regular tutor group attendee, but never got a certificate.
- I received a certificate.

**8. Aside from the online course platform, what online/mobile tools did you use during the tutor group?**

*Check all that apply.*

- Text messages
- Email
- Google calendar
- Google docs
- Dropbox
- Facebook
- Other: \_\_\_\_\_

**9. Did you do course work for the tutor group outside of the weekly meeting?**

*Mark only one box.*

- No
- Yes, less than 2 additional hours/week
- Yes, more than 2 additional hours/week

**10. Did you get through the entire online course during the tutor group?**

*Mark only one box.*

- Yes
- No, and I will finish on my own
- No, and I will not continue

**11. What is the best thing about participating in your tutor group?**

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**12. What is the biggest frustration about participating in your tutor group?**

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# Tutor Group Feedback

13. What is a tip you'd give to future tutor group attendees?

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13. How much do you agree with the following statements about your tutor group?

*Mark only one box per row.*

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I set a clear goal for myself at the beginning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I achieved my goals during the tutor group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My peers supported me in achieving my goals/finishing the course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working hard had a positive impact on what I was able to achieve.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What I learned is valuable to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'd be interested in attending another tutor group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel more capable of academic achievement than I did before the tutor group began.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Overall, how would you rate your experience in this tutor group?

*Mark only one box.*

	1	2	3	4	5	6	7	8	9	10	
Extremely Dissatisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremely satisfied

# Tutor Group Feedback

16. Is there anything else we can do to improve your experience in the tutor groups?

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17. What is another subject you would like to take in a tutor group?

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18. Would you be interested in being a tutor group tutor?

*Mark only one box.*

5 Yes

5 Maybe in the future

5 No

19. Write your name if you give us permission to quote your responses in future tutor group materials.

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20. Write your email address if you'd like to be added to the tutor group mailing list.

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