

Please complete after seeing a writing tutor.

Date Tutor Name					Course		Visit required? Y/N	
Assignment Du	ie Date_			Visits to the Writing	Center?	First visit	Fewer than 5	More than 5
1. My main conce	erns wer	e addre	essed	l .				
(Disagree) 1	2	3	4	5 (Agree)		Please provide additional comments that explain your responses. Feel free to offer suggestions:		
2. I worked active	ely durin	g the s	essio	on.				
(Disagree) 1	2	3	4	5 (Agree)				
3. I have a clear idea of my next steps for revision.								
(Disagree) 1	2	3	4	5 (Agree)				
4. I will apply what I learned to other assignments.								
(Disagree) 1	2	3	4	5 (Agree)				
5. I feel more con	fident al	out m	y ow	n writing ability.				
(Disagree) 1	2	3	4	5 (Agree)				
6. The tutor was p	atient an	ıd listei	ned v	well.				
(Disagree) 1	2	3	4	5 (Agree)				