On-One Education Ltd

Keys to Math Success Program - Overall Student Performance and Confidence Form

Program Information

Program Name: …………………………………………. **Date:** …………………….

Teachers' Name: ……………………………………………………………………………..

Facilitator: …………………………………………………………

Assessment Type: ☐ Pre-Test ☐ Mid-Test ☐ Final Assessment

Section 1: Performance Breakdown for All Students by Syllabus Category

Syllabus Area	Average Previous Score (%)	Average Current Score (%)	Comments on Group Performance
Computation & Number Theory			
Algebraic Manipulation			
Relations, Functions & Graphs			
Geometry & Trigonometry			
Measurement			
Statistics & Probability			
Vectors & Matrices			
Consumer Arithmetic & Financial Math			
Other (Specify)			
Overall Performance			

Section 2: Confidence & Attitude Toward Math for All Students

Factor	Average Previous Rating (1-5)	Average Current Rating (1-5)	Comments on Group Attitude
Fear of Math • 1 = High Fear, • 5 = No Fear			
Confidence Level • 1 = No Confidence, • 5 = Very Confident			
Understanding of Concepts • 1 = Very Poor, • 5 = Excellent			
Speed of Writing • 1 = Very Poor, • 5 = Outstanding			
Student Participation • 1 = Very Poor, • 5 = Excellent			
Enthusiasm for Math • 1 = Dislikes, • 5 = Enjoys			
Readiness for Exam • 1 = Not Ready, • 5 = Fully Ready			
Math Anxiety • 1 = No Anxiety, • 5 = Severe			

Section 3: Comparison of Scores (Pre vs. Mid vs. Post for All Students)

Assessment	Average Previous Score (%)	Average Mid-Program Score (%)	Average Post-Program Score (%)	Difference (Previous vs. Post)	Comments on Group Progress
Pre-Assessment					
Mid-Assessment					
Post-Assessment					

Section 4: Dropout Rate

Assessment Point	Previous Number of Students	Current Number of Students	Dropout Rate (%)	Reason for Dropping Out	Comments/ Observations
Pre-Assessment					
Mid-Program Assessment					
Post-Program Assessment					

Section 5: Observations & Recommendations

- **General Observations about the Program:**
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- **Key Strengths of the Program:**
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- **Areas Needing Improvements in the Program:**
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- **Suggested Strategies for Improvement for Future Programs:**
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Facilitator Signature: ……………………………………. **Date:** ………………………….