

Lub tsev kawm ntawv Ci Ntsa lab kev soj ntsuam (Hmong)

Chaw pab qhia ntawv: _____ **Zos:** _____

Hnub tim: _____

Ua tsaug rau koj tau siv lub sij hawm uas koj tau los soj ntsuam kev kawm. Koj cov lus teb yuav pab peb paub txog koj kev kawm xws li kawm nrog lub Tsev Ci Ntsa lab kev pab qhia ntawv saib pab tau koj li cas.

1. Tus pab qhia kuv (kes ib lo lus teb rau):

- Pab ntau tus tub kawm ntawv hauv chav kuv kawm. Kawm nrog ib pab neeg tsawg.
 Tsuas qhia kuv nkaus xwb.

2. Raws cov lus nug hauv qab no, ua zoo xyuas saib koj xav li cas ua ntej koj kaw nrog tus xib hwb pab koj thiab tam sis no koj ho pom li cas:

	<i>Ua ntej kuv kawm nrog tus pab qhia kuv:</i>			<i>Tam sis no:</i>		
	Me ntsis 1	Ib nrab 2	Ntau 3	Me ntsis 1	Ib nrab 2	Ntau 3
a. Kuv to taub lus Aas kiv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Kuv tso siab tias hais tau lus Aas kiv.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Kuv tus kheej muaj peev xwm hais lus Aas kiv.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Kuv paub txog Amelikas zaj dab neeg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Kuv paub Amelikas lub sawm fem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Kuv nyiam kawm ntawv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Kuv paub txog cov tub hluas nyob U.S.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Kuv npaj siab yuav mus twv ua pej xeem Amelikas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Kuv npaj siab mus tso suab thaum muaj kev xaiv tsa nom tswv.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Koj puas qhia tau rau peb thaum koj kawm tau zoo heev lawm, kawm tau me ntsis xwb, los tsis tau dab tsi kiag raws li koj kawm nrog tus pab qhia koj.

	Zoo lawm ntau	Zoo me ntsis	Tsis zoo kiag
a. Koom kawm lus Aas kiv/kawm ua pej xeem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Paub kev tsav cai tsav tsheb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Nug kev	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Paub teb xov tooj.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pab yus haiv neeg.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Ua hauj lwm rau yus haiv neeg yam tsis tos kev pab txhais lus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Tau num ua.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Twm ntawv xov xwm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ua Tsaug!

Project SHINE Learner Survey

Tutoring Site: _____ City: _____

Date: _____

Thank you for taking the time to complete this survey. Your answers will help us to know what you learned as you worked with your SHINE tutor and how to improve our program.

1. My tutor (check one answer):

- Helped many learners in my class. Worked with a small group of learners.
- Tutored me individually.

2. For the following questions, please rate how you felt before you worked with your tutor and how you feel now:

	<i>Before I worked with my tutor:</i>			<i>Now:</i>		
	A little 1	Some 2	A lot 3	A little 1	Some 2	A lot 3
a. I understand English.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel confident speaking English.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I can express myself in English.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I know about U.S. history.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I know about American society.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I enjoy learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I know about young people in the U.S.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I feel prepared to take the citizenship exam.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I feel prepared to vote in U.S. elections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please tell us whether you got a lot better, a little better, or not at all better at the following skills after working with your tutor:

	A lot better	A little better	Not at all better
a. Participating in my English/citizenship class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Taking public transportation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Asking for directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Answering the phone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Helping people in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Using community services without translation help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Getting a job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Reading the newspaper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank You!