Please complete the following recommendation and send it to the Tutoring Center Director:

|  |  |
| --- | --- |
| Date of recommendation:  Instructor’s Name:  Student’s Name:  Student’s ID #:  Subject student will tutor: | **For Office Use only:**  Contacted the instructor for verification  **Comments**: |

For each question below, check the box reflecting your numerical rating of the applicant and provide any comments you feel will help us assess this student’s qualifications to tutor.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Poor** |  | **Average** |  | **Excellent** |
|  | 1 | 2 | 3 | 4 | 5 |
| 1. How do you rate this student’s skills for the subject she/he will tutor?   Comments (optional): |  |  |  |  |  |
| 1. How do you rate this student’s oral communication skills?   Comments (optional): |  |  |  |  |  |
| 1. How do you rate this student’s reliability? (Consider her/his attendance, completion of assignments or course requirements.)   Comments (optional): |  |  |  |  |  |
| 1. How do you rate this student in terms of patience with a diverse group of students?   Comments (optional): |  |  |  |  |  |

On a scale of 1 (low) to 10 (high), how highly would you recommend this student overall?

If you have any other comments, please include them in the space below.