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.