Faculty Recommendation Form for Peer Tutors

Professor’s Name: _____________________  Department: __________________________

Student’s Name: ______________________

Courses Taught to Student: _______________________________________________________

The student has asked you to provide this recommendation because he or she would like to become a peer tutor in the Academic Learning Center. Peer tutors must have a high level of content mastery and outstanding communication and interpersonal skills. If you have any questions about this form or would like a full position description, please contact Erin Evans at eevans@alb.edu.

Please rate the student on each of the following areas of competence:

(Please check the appropriate box)

Grasps fundamental ideas and concepts: [ ] Above Average [ ] Average [ ] Below Average [ ] N/A
Integrates complex information: [ ] Above Average [ ] Average [ ] Below Average [ ] N/A
Completes assignments; fulfills contracts: [ ] Above Average [ ] Average [ ] Below Average [ ] N/A
Accepts constructive criticism: [ ] Above Average [ ] Average [ ] Below Average [ ] N/A
Has good work habits; is disciplined [ ] Above Average [ ] Average [ ] Below Average [ ] N/A
Shows potential for more advanced study: [ ] Above Average [ ] Average [ ] Below Average [ ] N/A
Has good interpersonal skills: [ ] Above Average [ ] Average [ ] Below Average [ ] N/A
Demonstrates good communication skills: [ ] Above Average [ ] Average [ ] Below Average [ ] N/A

Please check one:

I [ ] Highly recommend [ ] Recommend [ ] Do not recommend this student to be a tutor.

Faculty Statement: Please comment further on student’s strengths and weaknesses or about your general sense of his or her ability to excel in tutoring.

Signature: ___________________________________  Date: __________________________

PLEASE RETURN TO STUDENT IN A SEALED ENVELOPE WITH YOUR SIGNATURE OR RETURN DIRECTLY TO THE ACADEMIC LEARNING CENTER VIA EMAIL (academiclearningcenter@albright.edu) OR MAIL DELIVERY.