

Tutor Recommendation Form

Applicant's Name: _____ Student ID: _____

Course(s) Listed on Tutoring Application and Semester Taken:

Course	Semester Taken
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Below, please rate the applicant's attributes.

	Exceptional	Above Average	Average	Below Average	Not Observed
Content knowledge					
Communication skills					
Ability to work with people from diverse backgrounds					
Ability to explain concepts effectively					
Academic preparation					
Maturity					

Comments: _____

Name of person completing form: _____

Signature of person completing form: _____