



CEDAR CREST COLLEGE

Peer Tutor Recommendation Form

Faculty/Staff Member's Name _____

_____ has applied to be a peer tutor for _____
(Applicant's Name) (Courses)

To the best of your knowledge, please complete the evaluation below and return this form to Academic Services.

	Excellent	Very Good	Good	Fair	Poor	Unable to Evaluate
1. Mastery of Subject Area						
2. Ability to Apply Subject Knowledge						
3. Ability to Communicate Ideas and Subject Knowledge						
4. Level of Responsibility (Attendance, Work Ethic)						
5. Integrity						
6. Interaction with Other Students						

_____ I **highly recommend** this student for the position of Peer Tutor with Academic Services.

_____ I **recommend with reservations** this student for the position of Peer Tutor with Academic Services.

_____ I **do not recommend** this student for the position of Peer Tutor with Academic Services.

Additional Comments:

Signature _____ **Date** _____

Department _____

This form may be returned by interoffice mail to Sue Barnes in Academic Services, or via email to susan.barnes@cedarcrest.edu. Thank you!