Learning Center Peer Tutor Faculty Recommendation Form
Educational Planning Center, 1st Floor Bernardine Hall
610.796.8423  danielle.saad@alvernia.edu

To the Candidate

I, ___________________________ have asked ___________________________ to complete this recommendation in support of my application and consideration for employment. In compliance with the Family Educational Rights and Privacy Act of 1974, by signing below, I hereby waive my right to inspect this form or any related attachments provided by this reference. I understand I am not required by the College to waive that right as a condition for employment.

☐ I waive my rights to access; ☐ I do not waive my right to access

____________________________________________     ____________________
Applicant                                          Date

To the Reference Provider

This student has applied for a position as a (subject) ________________ tutor in the Learning Center. Tutors work with students on a one-on-one basis or in small group sessions to answer questions on course content and to aid in comprehension of course materials. Tutors should have extensive knowledge of the subject they wish to tutor and the ability to communicate that knowledge to other students.

If you have any questions, please call Danielle Saad, the Director of Learning Advancement, at 610-796.8423 or email: danielle.saad@alvernia.edu

Thank you for your time.

1. How long have you known the applicant and in what capacity?

2. Please indicate your assessment of the applicant in the following areas by checking the appropriate word.

   Knowledge of Subject:
   ☐ Excellent    ☐ Above Average    ☐ Average    ☐ Poor    ☐ No Basis
   Communication Skills:
   ☐ Excellent    ☐ Above Average    ☐ Average    ☐ Poor    ☐ No Basis
   Willingness to assume position of leadership and responsibility:
   ☐ Excellent    ☐ Above Average    ☐ Average    ☐ Poor    ☐ No Basis
   Interpersonal Skills:
   ☐ Excellent    ☐ Above Average    ☐ Average    ☐ Poor    ☐ No Basis
   Overall Recommendation:
   ☐ Excellent    ☐ Above Average    ☐ Average    ☐ Poor    ☐ No Basis

Over
3. Please give your personal evaluation and indicate any special factors or circumstances that should be considered in reviewing the Peer Tutor application.

Check One:

☐ Highly Recommend  ☐ Recommend

☐ Recommend With Reservation  ☐ Do Not Recommend

Signature ____________________________________________    Date _______________________________

PLEASE RETURN THIS REFERENCE TO:

The Learning Center
Alvernia University
400 Saint Bernardine Street
Reading, PA 19607

If you have any questions, please call (610) 796-8423