

## Learning Center Peer Tutor Faculty Recommendation Form

Center for Academic Advancement, 1<sup>st</sup> 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: { [HYPERLINK "mailto:Danielle.saad@alvernia.edu"](mailto: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

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

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**Check One:**

**Highly Recommend**

**Recommend**

**Recommend With Reservation**

**Do Not Recommend**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN THIS REFERENCE TO:**

The Learning Center, 1st Floor Bernardine Hall  
Alvernia College  
400 Saint Bernardine Street  
Reading, PA 19607

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

Filename: recommendation  
Directory: C:\Documents and Settings\spottmi\Local  
Settings\Temporary Internet Files\OLK56  
Template: C:\Documents and Settings\spottmi\Application  
Data\Microsoft\Templates\Normal.dot  
Title: Due Date: \_\_\_\_\_  
Subject:  
Author: Secretary to Student Affairs  
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