Academic Centers for Excellence

**Schurz Library, 1st Floor**

574-520-5022

Email: [sbtutor@iusb.edu](mailto:sbtutor@iusb.edu) Website: [www.iusb.edu/tutoring](http://www.iusb.edu/tutoring)

**Faculty Recommendation Form for Peer Learning Assistants and Tutors**

Faculty Name: Phone Ext.:

Department: Course:

Student Name:

List the course(s) you feel this student is qualified to tutor:

Please indicate the student’s strengths and weaknesses:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Needs  Improvement | |  |  | Clear  Strength | |  |
| Knowledge of Material | 1 | 2 | 3 | 4 | 5 \_\_\_\_\_ |  |
| Attitude | 1 | 2 | 3 | 4 | 5 |  |
| Commitment | 1 | 2 | 3 | 4 | 5 |  |
| Attendance | 1 | 2 | 3 | 4 | 5 |  |
| Communication Skills | 1 | 2 | 3 | 4 | 5 |  |
| Professionalism | 1 | 2 | 3 | 4 | 5 |  |

Comments:

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