FACULTY REFERRAL FORM

Dea	ar ASU Faculty Member,				
The Supplemental Instruction (SI) and Tutoring program is accepting applications for SI Leaders/Tutors. If you know of a student who is currently/previously enrolled in one of your classes who would be a solid candidate for SI and/or tutoring, please indicate his name and subject areas and assess his potential to perform the duties of a SI Leader/Tutor.					
If you have any questions, please call me at (325) 942-2595, or e-mail me at sara.weertz@angelo.edu . Thank you for your assistance!					
Fac	culty Name:				
Title:		Department:			
Phone Number:		E-mail Address:			
Student Name:					
Student CID:					
Recommended for Subject/Course:					
Please rate the student on the following qualities:					
ĺ		Excellent	Good	Fair	Unknown
	Expertise in Content Area				
	Ability to explain subject in practical and conceptual terms to others				
	Ability to work collaboratively				
	Ability to work one-to-one				

I am recommending this student as a SI Leader/Tutor because:

Additional Comments:

Work Ethic

Maturity

Communication Skills

Dependability/Reliability