

Embedded Tutor Recommendation Form

Detach this form and give it to the faculty member to complete & return

The following student is applying for a position as an Embedded Tutor and has requested that you complete this recommendation. Please return this form to the Learning Center either in person, through district mail or send an email with your responses to **martinezjoseph@smccd.edu** or **feinamnl@smccd.edu**. If you do not feel comfortable recommending the student, please complete the form and let us know why in the comments, or in your email response.

Student Name: _____ G Number: _____

Course(s) recommended for applicant: _____

Semester to begin: ___Fall ___Spring ___Summer Year: 20 _____

Please check one box for each of the abilities listed.

	Superior	Above Average	Average	Not Observed
Ability to communicate to a group of students				
Friendliness, enthusiasm				
Dependability & responsibility				
English Language ability				
Knowledge of subject matter				

Comments:

Instructor Name (print) _____

Instructor Signature: _____ Date: _____