RIVERSIDE CITY COLLEGE
ACADEMIC SUPPORT SERVICES PROGRAM
RECOMMENDATION LETTER

TO:_____ DATE: _____
    (Instructor's Name)

The Academic Support Services is seeking qualified tutors, SI Leaders, and Embedded Tutors. We ask your help in identifying potential leaders. Your frankness and discernment will help us in providing quality services to our students.

CONFIDENTIAL

_____ _____ _____
        (Student's Name)   (ID #)   (In What Capacity Do You Know The Student?)

_____
(Course Name(s)   (Semester/Year Course Taken)

Student Appraisal	Superior	Above Average	Average	Below Average	Poor	No opportunity to observe
Knowledge of Subject						
Ability to Communicate						
Personal characteristics (enthusiasm, friendliness, helpfulness)						

COMMENTS

Please List Applicant's Strengths: Please List Applicant's Weakness: Additional Comments:

WOULD YOU RECOMMEND THIS STUDENT AS A TUTOR (please circle one):

<u>**Highly Recommend**</u>   **/**   <u>**Recommend**</u>   **/**   <u>**Do Not Recommend**</u>

_____ _____
      SIGNATURE   DATE

UPON COMPLETION, PLEASE RETURN TO: TUTORIAL SERVICES / SUPPLEMENTAL INSTRUCTION

DEPARTMENT CHAIR (APPLICABLE WHEN INSTRUCTOR OF RECORD IS NO LONGER AVAILABLE)