## **FACULTY RECOMMENDATION FORM**

**Questions? Contact us!** 

For the peer tutor candidate: Please fill in your name below and identify a faculty member with whom you've completed college level coursework who is willing to recommend you as an ASTC Tutor. Then, give this form to the faculty member to complete. The faculty member can return the form to you or submit it directly to the ASTC (email to ASTC@solano.edu).

For the faculty member: Please complete the form below to recommend the named student as a tutor for the ASTC. Return the completed form to the student, or send it directly to the ASTC (via email to ASTC@solano.edu).

Gema Leon ASTC Specialist Gema.Leon@solano.edu	Lauren Taylor-Hill ASTC Faculty Coordinator Lauren.Taylor@solano.edu				
Student's name:		Today's date	)		_
Student's name.		Today's date	<del>,</del>		
Recommender's Name:	Department:  Institution (if not Solano):		:		
Recommender Email:					
Recommender, based on your experience tutor in the following areas:	having the above	student in class, plo	ease evaluate t	hem as a potential p	eer
Academic preparation and performance:	excellent	above average	average	below average	poor
Participation and enthusiasm:	excellent	above average	average	below average	poor
Punctuality:	excellent	above average	average	below average	poor
Sense of empathy:	excellent	above average	average	below average	poor
Awareness of equity concerns:	excellent	above average	average	below average	poor
Are there any other special skills or attribututoring and support to others?	ites that you belie	eve make this stude	nt well suited to	o provide academic	
Overall, I do: do					
do not recommend	the student above	e as a peer tutor.			



