

ACADEMIC REFERENCE FORM

THIS ACADEMIC REFERENCE FORM IS CONFIDENTIAL. THE APPLICANT SHOULD NOT VIEW THIS FORM AFTER IT HAS BEEN COMPLETED. THE REFERENCE*—NOT THE APPLICANT—SHOULD RETURN THIS FORM TO THE TUTORIAL PROGRAM COORDINATOR.

APPLICANT'S NAME: _____

SUBJECT APPLICANT IS INTERESTED IN TUTORING: _____

How long have you known the applicant and in what capacity?

Please rate the applicant for demonstrated excellence in the following areas. Check the appropriate box.

Evaluation Topic	1 Very Poor	2 Poor	3 Satisfactory	4 Good	5 Excellent	N/A
1. Ability to communicate with students						
2. Ability to communicate with faculty						
3. Classroom participation						
4. Critical thinking						
5. Diversity awareness						
6. Problem solving						
7. Reliability						
8. Study skills						
9. Knowledge of course material						

Do you believe this applicant should be hired to work as a Tutor or Supplemental Instruction Leader at Long Beach City College? Why?

ACADEMIC REFERENCE INFORMATION

Name: _____ Title/Institution: _____

Signature: _____ Date: _____

*To be completed and returned by an instructor**

Submit Completed Application Materials to:

Long Beach City College. Learning & Academic Resources (L-203, mail code Y-3)

Tutorial & SI Program Coordinator

LAC: Susan Fintland (sfintland@lbcc.edu); PCC: Sean Dominguez (sdominguez@lbcc.edu)