



Tutor Recommendation Form

Applicant's Name: _____

Student ID: _____

Course(s) Listed on Tutoring Application and Semester Taken:

Course	Semester Taken
_____	_____
_____	_____
_____	_____

Below, please rate the applicant's attributes. Return the completed form to the address listed below.

	Exceptional	Above Average	Average	Below Average	Not Observed
Content knowledge					
Communication skills:					
verbal					
written					
informal, small group interactions					
Ability to explain concepts effectively					
Academic preparation					
Ability to work with people from diverse backgrounds					
Maturity and professionalism					

Comments: _____

Name of person completing form: _____

Signature of person completing form: _____

Return the completed application, or refer any questions, to:

Linde Murray, Director, Tutoring and TRIO Programs
Wintrode Student Success Center
SWSC 124, Box 2214
Brookings, SD 57007
605-688-4155
Linde.Murray@sdstate.edu