



Snead State Community College  
 Academic Support Center  
 Peer Tutor Application

**ACADEMIC REFERENCE FORM**

*This Academic Reference Form is confidential and should be completed and submitted by an instructor in the tutoring subject.  
 Please submit to the Coordinator for Career Advising & Tutoring.*

Applicant's Name: [Click here to enter text.](#)

Tutoring Subject: [Choose an item.](#) [Choose an item.](#)

How long have you known the applicant and in what capacity? [Click here to enter text.](#)

**EVALUATION INFORMATION**

*Please rate the applicant for demonstrated excellence in the following areas.*

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

Do you believe this applicant should be hired to work as a Peer Tutor in the Academic Support Center at Snead State Community College? Why? [Click here to enter text.](#)

**ACADEMIC REFERENCE INFORMATION**

Name: [Click here to enter text.](#) Title: [Click here to enter text.](#)

Signature: [Click here to enter text.](#) Date: [Click here to enter text.](#)