TTU Supplemental Instruction Supplemental Instruction Leader Application Recommendation Form

To be completed by Applicant's Name	the student:		Raider ID #	
	(Last)	(First)		
I have applied to be a	n SI Leader the follow	wing course(s)		
(Please list only the s	ubject area and course	es to which this recommend	ation will apply.)	
· ·		es to which this recommend		

To the evaluator: The applicant is applying to the position as Supplemental Instruction Leader. As an SI Leader, they will lead peer review sessions twice a week, create packets for the SI sessions, and audit the class they will SI for.

Below, please circle the number that reflects your opinion of the applicant with regard to the referenced dimension, with "1" equaling the least favorable rating and "7" equaling the most favorable rating. If you are unable to judge the applicant on a specific dimension, place a check mark in the "unable to judge" column.

	Unable to judge	Be	low average		Above average			
Quality of academic work		1	2	3	4	5	6	7
Reliability / punctuality		1	2	3	4	5	6	7
Oral communication skills		1	2	3	4	5	6	7
Written communication skills		1	2	3	4	5	6	7
Approachability		1	2	3	4	5	6	7
Leadership		1	2	3	4	5	6	7
Motivation		1	2	3	4	5	6	7
Maturity		1	2	3	4	5	6	7
Interpersonal skills		1	2	3	4	5	6	7
Overall suitability for position		1	2	3	4	5	6	7

Please share additional comments regarding your opinion of this student's qualifications for an SI position. We especially appreciate written comments elaborating on the areas mentioned above.

Type or Print Name		Signature	Date
	(First)	(Last)	
Position/Title			
Email Address			
How long have you kr	nown this student?	In what capacity?	
Please return comple	eted form to:		
		Texas Tech University	
		si.soar@ttu.edu (attention Will Lopez)	
		MS Box 45020	
		Lubbock, Texas 79409	
		/9409	