Recommendation for Mentor Position

Students: Give this form to a Chapman University faculty member.

Student’s Name: __________________________

Faculty: After completing the form, please sign, date and mail/deliver to:
Diane Eisenberg, Tutor Administrator, TLT Center, DeMille Hall

Evaluation by:
☐ Experience with the student in the classroom
☐ Experience with the student as a department advisor
☐ Other: ________________________________________________________________

We would appreciate your candid evaluation. Please check the category that indicates your perception of this student in each area. Additional remarks may be made on the reverse side of this form.

<table>
<thead>
<tr>
<th>Category</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
<th>No Opinion</th>
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</thead>
<tbody>
<tr>
<td>1. Dedication</td>
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<td>2. Responsibility</td>
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<td>3. Verbal communication</td>
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<td>4. Attitude and disposition</td>
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<td>5. Leadership</td>
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<td>6. Overall evaluation</td>
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Please describe your experience with the student and the above attributes?
________________________________________________________________________________________________________________________________________

Please describe in your opinion how the student has displayed leadership qualities?
________________________________________________________________________________________________________________________________________

What (if any) are your concerns about this student’s ability to mentor?
________________________________________________________________________________________________________________________________________

What are your perceptions of this student's academic or personal strengths and talents?
________________________________________________________________________________________________________________________________________

Please feel free to contact the Tutoring, Learning, and Testing Center, regarding your answers to any of the above questions: 714-997-6828 or tutor@chapman.edu.

Faculty Name: ___________________________ Dept: ____________________________
Faculty Signature: _______________________ Date: ____________________________
Phone: _________________________________ Email: ____________________________

12/03/13