Recommendation for Tutor Position and Knowledge of Subject Verification

Students: Give a copy of this form to a Chapman University faculty member in each subject that you wish to tutor.

Student’s Name: __________________________ Courses: __________________________

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

Evaluation by:

☐ Personal experience with the student in the classroom
☐ Review of a Chapman University transcript
☐ Interview
☐ Examination
☐ Review of Transcripts from another institution
☐ Review of AP (Advanced Placement) or IB performance
☐ 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.

1. Knowledge of Subject
Fair  Good  Excellent  No Opinion
2. Responsibility
3. Ability to communicate info
4. Attitude and disposition
5. Overall evaluation

What is your affiliation with the student (if any) and with the course?
_______________________________________________________________________________________________
_______________________________________________________________________________________________

What courses (by name and number) might this student be qualified to tutor?
_______________________________________________________________________________________________
_______________________________________________________________________________________________

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

Are there any special materials or equipment for this subject that the tutor would require?
_______________________________________________________________________________________________
_______________________________________________________________________________________________

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: __________________________