CONFIDENTIAL WHEN COMPLETED

INSTRUCTOR REFERENCE

Instructors: Please fill in this reference form for students who are currently, or have been, in the course you teach. It is essential to have your straightforward feedback in order to know if this person is acceptable as a tutor. Thank you.

Please email directly to the Peer Tutoring Coordinator at ormanm@algonquincollege.com

NAME OF INSTRUCTOR: _____

COURSE TITLE: _____

COURSE CODE: _____

NAME OF STUDENT: _____

Do you feel this student has the potential to work effectively as a student tutor?

Yes ☐ No ☐

Please comment on:

Sense of Responsibility (e.g. shows up for class, reliable, hands in work on time, honest)

_____

Ability to Relate to Other Students (sense of teamwork, helpful to other students)

_____

Academic Achievement/Mark Obtained _____

Other Relevant Information _____

Instructor Signature _____ Date: _____