Learning Assistance Center
Learning Assistant (LA) Program
Faculty Recommendation Form

To the Applicant:
Applicant Name (Please Print): _____________________________________________________________

In compliance with federal law, the Family Education Rights and Privacy Act (FERPA), you have the right to review all university files and documents concerning you, including reference materials written about you. You are not required to waive your right to review letters of recommendation used for employment purposes by the Learning Assistance Center. However, keep in mind that evaluative/reference materials may carry more weight if you have waived access to the materials.

☐ Yes, I waive my right to access this form. (The student may not see the recommendation.)
☐ No, I DO NOT waive my right to access this form. (The student may see this recommendation.)

Signature ______________________________________________________________ Date ________________

☐ This recommender is the faculty member to whom I wish to be assigned (primary faculty recommender).
☐ This recommender is not the faculty member to whom I wish to be assigned (secondary faculty recommender).

The applicant named above is applying for a position as a Learning Assistant for _____________________________ (course name/number). Please rate and comment on the capabilities of the applicant, as appropriate.

To the Recommender:
You have been asked to provide a recommendation for employment as a Learning Assistant (LA) at the Learning Assistance Center. The LA program provides trained student facilitators to support faculty utilizing active learning strategies within selected STEM classes. Please rate and comment on the capabilities of the applicant, as appropriate.

Name of Recommender: ______________________________________ Email: __________________________________
Department: ______________________________________________ Telephone: _______________________________
How long, and in what capacity, have you known the applicant? __________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Please rate the applicant on the following criteria, comparing to other students with whom you have worked.

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<th>Exceptional</th>
<th>Above average</th>
<th>Average</th>
<th>Below average</th>
<th>Cannot evaluate</th>
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<tbody>
<tr>
<td>Mastery of course content*</td>
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<td>Ability to think critically</td>
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<td>Effective communication</td>
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<td>Sense of responsibility</td>
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<td>Ability to work with others</td>
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<td>Motivation and Initiative</td>
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*Must be completed by primary faculty recommender.

Please select one:
_____ I highly recommend this student for the position of Learning Assistant with the Learning Assistance Center.
_____ I recommend this student for the position of Learning Assistant with the Learning Assistance Center with reservation.
_____ I do not recommend this student for the position of Learning Assistant with the Learning Assistance Center.

Additional comments: _________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

The above recommendation is based on my best judgment. I am willing to answer additional questions concerning this evaluation.

(Signature of recommender)         (Date)

Thank you for taking the time to complete this recommendation form. You may return this form directly to the Learning Assistance Center (via campus mail, fax, or email) to:

Noel DeJarnette, Assistant Director for Math and Science Support Center 2133 French Hall; ML: 0221; Fax: (513) 556-0823; Email: noel.dejarnette@uc.edu.