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 ____________________

To the Recommender:

You have been asked to provide a recommendation for employment as a Supplemental Instruction (SI) Leader. The Supplemental Instruction (SI) program is an academic support program within the Learning Assistance Center targeted at improving successful completion of “historically difficult” courses by offering free, voluntary, out-of-class review sessions designed to integrate what to learn with how to learn.

The applicant named above is applying for a position as an SI leader for __________________________ (course name/number).

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.

<table>
<thead>
<tr>
<th>Mastery of course content</th>
<th>Exceptional</th>
<th>Above average</th>
<th>Average</th>
<th>Below average</th>
<th>Cannot evaluate</th>
</tr>
</thead>
<tbody>
<tr>
<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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<tr>
<td>Motivation and Initiative</td>
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</tbody>
</table>

Please select one:

_____ I highly recommend this student for the position of SI Leader with the Learning Assistance Center.
_____ I recommend this student for the position of SI Leader with the Learning Assistance Center with reservation.
_____ I do not recommend this student for the position of SI Leader 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 to the applicant in a sealed envelope, or you may send it directly (via campus mail, fax, or email) to:

Daniel Dale, Learning Assistance Center, 2435 French Hall; ML: 0221; Fax: (513) 556-2888; Email: daniel.dale@uc.edu