



**Academic Excellence & Support Services  
Learning Assistance Center  
Supplemental Instruction Program  
Applicant Reference Form**

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

The person named above has applied for a position with AESS Learning Assistance Center as an SI Leader. Your assessment of the applicant's characteristics will enable us to evaluate whether this applicant meets program standards. Please respond to all questions to the best of your ability.

Reference's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Title: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Employer: \_\_\_\_\_

Please rate the applicant on the following characteristics. Please place a check mark in every category.

	Outstanding	Above average	Average	Below average	Cannot evaluate
Leadership skills *					
Mastery of course content					
Personal integrity					
Reliability					
Ability to relate to others					
Effective communication					
Ethical conduct					
Team oriented					
Sense of responsibility					
Recognition of own limits					
Initiative					
Ability to keep material confidential					

\* Note: Leadership skills must be evaluated for the reference to be valid.

How long have you known this applicant? \_\_\_\_\_  
What is your relationship with this applicant? \_\_\_\_\_

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 reference) (Date)

After completing this reference form, please mail, fax or e-mail it to:

**Jaime Sperandio**  
Program Coordinator  
Learning Assistance Center  
2441 French Hall West  
University of Cincinnati

**Mail Location 0221**  
PO Box 210221  
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