



PEER TUTOR REFERENCE FORM
LASSO Center, 021 Classroom Building
405-744-3309

To Be Filled Out by the Applicant:

Applicant Name (please print): _____

I hereby request that _____ (**Reference Name**) provide the following reference information on my behalf in support of my application to become a LASSO Center Peer Tutor. In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA),

I **WAIVE** / **DO NOT WAIVE** my rights to view this letter of reference.

I am being considered for a peer tutor position for the following courses:

Applicant Signature: _____ **Date:** _____

To Be Filled Out by the Reference:

You have been asked to fill out this recommendation form for the above individual who is pursuing employment as a Peer Tutor for the LASSO Center. The LASSO Center Tutoring Program provides individualized, one-on-one tutoring to OSU students in over 400 courses offered by the University.

Name of Reference: _____ **Date:** _____

E-Mail: _____ **Phone:** _____

1. How long and in what capacity have you known the student?

2. Please rate the applicant on the following criteria:

	Exceptional	Above Average	Average	Below Average	Cannot Evaluate
Mastery of course content					
Able to relate to diverse others					
Able to act responsibly					
Able to communicate effectively					
Able to apply problem-solving skills					
Able to model outstanding student behaviors/skills to others					
Able to challenge & motivate others					
Able to employ leadership skills					



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3. Please describe the applicant's characteristics and/or qualifications that you feel would make them an effective peer tutor.

4. Please provide any observations of the applicant that you feel would limit their ability to work effectively with students.

5. Please select one of the following:
 - a. I highly recommend this applicant as a peer tutor for the LASSO Center.
 - b. I recommend this applicant as a peer tutor for the LASSO Center with reservation.
 - c. I do not recommend this applicant for the position of peer tutor for the LASSO Center.

6. Please provide any additional comments that you feel are pertinent to the evaluation of this candidate's application.

The above recommendation is based on my best judgment. I am willing to be contacted for further discussion of this evaluation.

Reference Signature: _____ Date: _____

Thank you for taking time to complete this reference form. Please return this form to the applicant in a **sealed envelope with your signature over the seal**. If you prefer to mail this form or if you have any questions or concerns, please direct to:

Susan Malec
Coordinator, Tutoring
LASSO Center
214 Student Union
Stillwater, OK 74078
405-744-5020
tutoring@okstate.edu

*This reference form is two pages.