PIONEERING CONNECTIONS PEER MENTOR RECOMMENDATION FORM

 Name of applicant:

I waive my right to view this form I do not waive my right to view this form

Applicant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**To the Evaluator:** The student listed above is applying to be a Peer Mentor for new student at Tusculum College. If chosen, this student will serve as a mentor to 1-5 new students. Please comment on the capabilities of this individual based on your interactions. Thank you for your assistance in our selection process. (Please use the back of this sheet if necessary or attach a letter of reference.)

**Name of Reference:**  **Phone Number:**

**Position/Title: E-Mail:**

How long have you know the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In what capacity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please identify the level at which the applicant has performed the qualities listed below according to the scale:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Skill | Excellent  | Good  | Average  | Fair  | Poor  | No Basis for Judgment  |
| Communication Skills |  |  |  |  |  |  |
| Reliability/Responsibility |  |  |  |  |  |  |
| Self-Confidence |  |  |  |  |  |  |
| Adaptability/Flexibility |  |  |  |  |  |  |
| Maturity |  |  |  |  |  |  |
| Leadership Potential |  |  |  |  |  |  |
| Public Speaking Skills |  |  |  |  |  |  |
| Cooperation with Others |  |  |  |  |  |  |
| Receptive to Differences |  |  |  |  |  |  |

Please list those personal characteristics you believe this candidate possesses that would be beneficial to the Peer Mentoring Program.

Please list any personal characteristics you believe may deter this candidate from being a successful Peer Mentor.

 If necessary, please provide any additional information on the applicant’s abilities and potential to succeed in this position below or on a separate sheet.

 Based on your knowledge of the applicant, as well as the type of position for which s/he is applying, please circle your overall recommendation of how this person will function in this position:

Recommend Highly Recommend Recommend with Reservations Not Recommend

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_PLEASE RETURN THIS FORM TO OFFICE OF STUDENT SUPPORT SERVICES OR P.O. Box 5053