To be completed by applicant:

Name ___________________________ Phone Number ___________________________
ID Number ______________________ Major __________________ Level/year ____________

Position applied for:

To the Applicant: Two recommendations must be submitted. One recommendation must be from a faculty member in the subject you wish to be considered. The other one can be from additional faculty members, professional staff, previous employee or RA/RD.

*Please Note: We will not accept recommendation from family members or friends/peers*

To be completed by: (please check one) Faculty___ RD/RA___ Personal ___ Other___

Name: ___________________________ Phone Number: ___________________________
Department: ______________________ Institution: ________________________________

1. In what capacity do you know the applicant? How much contact have you had with the applicant?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

2. Please assess the applicant based on each of the following traits. Circle your rating (i.e., 1 = low, 5 = high). Please answer only when you feel qualified and add any comment you wish to make.

Knowledge of Content/Subject: 
1  2  3  4  5

______________________________________________________________________________

Communication Skills: 
1  2  3  4  5

______________________________________________________________________________

Sense of Responsibility: 
1  2  3  4  5

______________________________________________________________________________

Friendliness and Tactfulness: 
1  2  3  4  5

______________________________________________________________________________
Acceptance by Peers (i.e., social or relational skills): 1 2 3 4 5

Sensitivity to the Problems and Situations of Others: 1 2 3 4 5

3. Please discuss specific concerns regarding this applicant (if any):

____________________________________________________________________________________
____________________________________________________________________________________

Additional Comments (i.e., strengths and weaknesses):

____________________________________________________________________________________
____________________________________________________________________________________

Please circle one: I ( highly Recommend, recommend, cannot recommend) this applicant for a position in Learning Assistance Services.

____________________________________________________________________________________
____________________________________________________________________________________

Signature

Please return recommendation form in a sealed envelope to:

Biola Learning Center
13800 Biola Ave.
La Mirada, CA 90639
(562) 906-4542 (office)
(562) 906-4543 (fax)