

Student Support Services Academic Peer Tutor Recommendation Form

The HCC Faculty Member filling out the recommendation should answer the questions below and email the completed form to SSS Director Amber Hutfles at ahutfles@highlandcc.edu

1. Student applicant name:

2. Your name:					
3. Your relationship to the student:					
4. Your contact information (email & phone):					
Please rate the student applicant on the follow	ing area	S.			
Todo Tato di o otaao iii appiioanie on are rono.	1	2	3	4	5
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
He/she exhibits great customer service skills.					
He/she is dependable.					
He/she is a self-starter.					
He/she has the ability to work independently.					
He/she is always punctual.					
He/she shows strong communication skills.					
He/she exhibits strong organizational skills.					
Please provide any additional comments about the student applicant's qualifications:					