**Supplemental Workshops in Math**

**Facilitator Recommendation**

[Student’s name] requests an evaluation of academic performance from [Professor’s name] as a reference for an on-campus program. This information will remain confidential.

***To the Professor:*** *We employ Cal Poly students as Instructional Student Assistants (ISA) for bi-weekly workshops associated with lower division classes. The group facilitator attends lectures, prepares lesson plans, directs workshop, and attends staff and instructor meetings. The position requires maturity, self-initiative, and strong subject knowledge. As an instructor who has worked with this student, please provide feedback in the areas below.*

I have known this student for: \_\_\_ 1-2 quarters \_\_\_ 3-4 quarters \_\_\_ 5-6+ quarters

Please give us your appraisal of the applicant in terms of the qualities listed below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Quality** | **Strong** | **Average** | **Weak** | **Not Evaluated** |
| Subject knowledge |  |  |  |  |
| Leadership potential |  |  |  |  |
| Ability to work with others |  |  |  |  |
| Ability to give & receive feedback |  |  |  |  |
| Dependability |  |  |  |  |
| Organizational skills |  |  |  |  |
| Self-confidence |  |  |  |  |

Please comment on your rating:

|  |
| --- |
|  |

I, the undersigned, (mark one box)

* highly recommend
* recommend
* recommend w/reservation
* do not recommend

this applicant as an SWM Facilitator for your program.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campus Phone: \_\_\_\_\_\_\_\_\_\_\_

## *Send this document to* *swm@calpoly.edu* *or send by campus mail to*

## *Academic Skills Center, SWM Program, Kennedy Library – Building 35, Room 112.*