

Teacher Recommendation Form
Oakton Community College
Peer Tutor Training Program - Summer 2006

To the applicant: After you have filled in the lines below, give this form to your teacher and ask him/her to return it to you in a sealed envelope.

Name of Applicant:	Last	First	Middle Initial
Applicant's Address:	Street	City	State Zip
High School:	Official Name	City	State Zip

To the teacher: Your estimate of the applicant's academic performance, intellectual promise, and personal qualities will greatly help us in the admissions process for the Peer Tutor Training Program. Please complete and sign this form. Return it to the student in a sealed envelope with your signature across the flap.

Confidentiality and privacy rights: Federal law guarantees only participating students the right of access to their records. Applicants do not have this right during the acceptance process, but only after actual registration. Your recommendation will be destroyed before the candidate registers and will not become part of his or her record. Oakton Community College therefore can guarantee the strict confidentiality of this recommendation.

Course(s) in which you have taught this student:	
Is this course honors or AP?	

Evaluate the applicant in terms of the following characteristics by making a check under the appropriate heading. Please compare this student with his or her entire class.

	Outstanding (top 5%)	Excellent (next 10%)	Above Average	Average	Below Average
Academic motivation					
Intellectual ability					
Interaction with peers					
Emotional maturity					
Respect accorded by faculty					
Perseverance					

How would you rate the strength of the applicant's academic curriculum in comparison to other students in the class?

Keeping in mind what you know about Oakton Community College, why do you think this applicant would be successful in the Peer Tutor Training Program?

Signature:		Date:	
Print name:		Length of time acquainted with applicant:	
Position:		High school telephone number:	