

CYPRESS COLLEGE

SUPPLEMENTAL INSTRUCTION PROGRAM

ACADEMIC REFERENCE FORM



THIS ACADEMIC REFERENCE FORM IS CONFIDENTIAL AND MUST BE COMPLETED BY A CYPRESS COLLEGE FACULTY MEMBER, THEN DELIVERED TO LRC 105 VIA INTER-CAMPUS MAIL OR IN PERSON ONLY.

Applicant Name:

INSTRUCTOR VERIFICATION

Last Name	First Name	Department
Phone Number () -	E-mail Address	

What class(es) did you teach the applicant?

Term(s)	Grade(s) Earned
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Should this applicant be hired to work as an SI Leader in the Cypress College Supplemental Instruction Program? Please explain why or why not?

Please evaluate the applicant to the best of your ability, based on the following criteria:

Evaluation Topic	1 Very Poor	2 Poor	3 Satisfactory	4 Good	5 Excellent	N/A
Ability to communicate with students						
Ability to communicate with faculty						
Classroom Participation						
Critical Thinking						
Diversity Awareness						
Problem Solving						
Reliability						
Study Skills						
Positive Energy						

Signature	Date
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