



Tutoring Direct

Independent-Contract Tutor: **APPLICANT REFERRAL FORM**

APPLICANT

PROVIDE THE FOLLOWING AND MAIL TO YOUR REFERENCE:

1. _____
FIRST NAME MIDDLE NAME LAST NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

2. A stamped envelope addressed to:

Attention: References

Tutoring Direct,
820 Jordan
Suite 510F
Shreveport, LA 71101

REFERENCE (PERSON COMPLETING FORM)

NAME TITLE COMPANY

HOW LONG HAVE YOU KNOWN THIS APPLICANT IN WHAT CAPACITY DO YOU KNOW THIS APPLICANT?

PLEASE RATE THE APPLICANT BY PLACING A CHECK MARK IN THE BOX MOST APPROPRIATE:

	1 UNACCEPTABLE	2 POOR	3 AVERAGE	4 ABOVE AVERAGE	5 EXCELLENT
COMPETENCE					
TIMELINESS AND ATTENDANCE					
PROFESSIONALISM					
PERFORMANCE					
COMMUNICATION SKILLS					
ORGANIZATION SKILLS					
ABILITY TO TEACH/TUTOR					
ABILITY TO WORK WITH INDIVIDUALS ONE-ON-ONE					

CHECK THE MOST APPROPRIATE RESPONSE; SIGN AND DATE

- I recommend the applicant without reservations.
- I recommend the applicant but have these reservations: _____

- I have substantial doubts about the applicant's ability to be an effective tutor.

SIGNATURE DATE