



Section to Be Completed by Orientation Leader Applicant

Name of Applicant: _____

The Family Educational Rights and Privacy Act of 1974 provides the student with a right of access to this form. This right may be waived, but no school or person can require the student to waive this right. Check a statement and sign below.

I waive my right to review this reference form.

I do not waive my right to review this reference form.

Signature of Applicant: _____ Date: _____

To the Evaluator:

This student is applying to be an Orientation Leader for the incoming Class of 2014. If chosen, this student would help first-year students transition to college by providing information on University services and resources and creating a safe and comfortable environment. You are assisting in the selection process by completing this form. Please return the form directly to the Office of First-Year Experience, UC 112.

Name of Evaluator: _____ Email: _____

Abilities Please rate your Orientation Leader in the following areas using the scale provided.

5=Excellent 4=Good 3=Average 2=Fair 1=Unacceptable NA=No basis on which to evaluate

- My OL related well with our orientation group.
My OL was comfortable speaking in front of our orientation group.
My OL was able to effectively lead discussions.
My OL had a positive attitude.
My OL created a comfortable environment.
My OL made him/herself available as a resource to our orientation group.

In the space provided, please give some examples of how your Orientation Leader provided help and/or support during your transition to college.

Large empty rectangular box for providing examples of help and/or support.

To what extent do you recommend this candidate be selected as an Orientation Leader again?

- Strongly recommend Recommend
Recommend with reservations Do Not Recommend

Signature of Evaluator: _____ Date: _____