Recommendation Form Communication Disorders Graduate Program

Student's Name: _____

1. How long have you known the applicant and in what capacity? (If you need more space, please include your response in your attached letter.)

2. In comparison with others whom you have taught or worked, please rate the applicant in the following areas:

	Unable To Judge	Below Average	Average Upper 50%	Good Upper 20%	Very Good Upper 10%	Outstanding Upper 5%
Academic Ability						
Analytical Ability						
Written Communication						
Oral Communication						
Initiative and Motivation						
Interpersonal Skills						
Emotional, Stability, and Maturity						
Motivation and Perseverance						
Imagination and Creativity						

3. Please check the category below that most accurately summarizes your recommendation:

	Highly recommended	□ Recommended	□ Recommended with reservation	□ I do not recommend the applicant
4	Please indicate below if you	will be including a letter.	If sending a letter, please attach it to this fo	orm.
	□ Yes, I will be including a l	etter.	□ No, I will not be including any additio	nal material.