



Recommendation Form for Master of Science Degree in In Speech-Language Pathology

Part I. Applicant: complete the following. (Please type or print in black ink)

First Name _____ M.I. _____ Last Name _____

Date _____ S.S. # _____

Optional Student Waiver

Under the provisions of the Federal Educational Rights and Privacy Act
<input type="checkbox"/> I have RETAINED my right of access to this recommendation
<input type="checkbox"/> I have WAIVED my right of access to this recommendation

Applicants Signature _____ Date _____

Part II. Evaluator: Upon completion of this recommendation form, please return to applicant.

Name of Evaluator	Title
How long have you known the applicant	
In What Capacity?	

Pleas rate the applicant in relation to students you have taught, by placing an "X" in the appropriate box.

If you wish to provide additional information about the applicant, please comment on this form or on a separate sheet of paper. A prompt reply is appreciated.

A. Personal Characteristics	Outstanding	Above Average	Average	Below Average	Poor	Unable to Assess
1. Maturity						
2. Ability to relate to peers						
Clients						
Faculty						
Other Professionals						
3. Ability to accept criticism						
4. Dependability						
5. Ability to work independently						
6. Perseverance						
7. Demonstrates resourcefulness/creativity						
8. Ability to work with others						

B. Clinical Ability	Outstanding	Above Average	Average	Below Average	Poor	Unable to Assess
1. Applies appropriate theory to clinical situations						
2. Knowledge and use of clinical methods and procedures						
3. Makes appropriate use of clinical supervision						
4. Present level of clinical ability						
5. Potential for clinical success independently						

C. Academics	Outstanding	Above Average	Average	Below Average	Poor	Unable to Assess
1. Overall intellectual ability						
2. Extent of general knowledge						
3. Extent of knowledge						

in Speech-Language Pathology						
4. Writing skills						
5. Speaking skills						
6. Ability to analyze and interpret scientific literature						
7. Research ability						
8. Overall academic performance						
9. Potential for success in completing Master's Degree in Speech-Language Pathology						

Recommend Enthusiastically _____

Recommend _____

Recommend with reservations _____

Not Recommended _____

Comments: _____

Signature

Print Name

Date

Institution

Phone (Include Area Code)

Notice of Nondiscrimination

East Stroudsburg University of Pennsylvania does not discriminate on the basis of race, color, religion, national origin, sex, veteran status, disability or age in its programs and activities in accordance with state and federal laws. The following person has been designated to handle inquiries regarding this policy: Director of Diversity & Equal Opportunity, 200 Prospect Street, 115 Reibman Building, East Stroudsburg, PA 18301, (570) 422-3656.