

Recommendation Form
Graduate Program in Speech-Language Pathology
Southern Illinois University Edwardsville

Note: Because of the procedures used to select students for the graduate program, it is imperative that all reference providers use this form.

PART A (to be filled out by applicant):

Name of Applicant: _____

Social Security Number: _____

I agree that the recommendation I am requesting shall be held in confidence by officials _____ of SIUE, and thereby, waive any right I may have to examine it. _____ Yes _____ No

PART B (To be filled out by reference provider):

1. Please indicate in what capacity and how long you have known this applicant.

In addition, estimate how many individuals you have know in the same capacity as this _____ applicant?

0-50 50-150 150-300 300-500 500+

2. Please evaluate the applicant's skills by using the rating form below.

	Below Average	Average	Above Average	Exceptional	No Basis to Judge
Proactive Learner					
Dependability					
Written Expression					
Oral Expression					
Problem-Solving Skills					
Common Sense					
Self-Evaluation Skills/Personal Insight					
Intellectual Curiosity					
Organization					
Time Management					
Self Motivation					
Working with Others					
Creativity					
Flexibility					
Ability to Accept Criticism					
Tact					
Pragmatic Skills					

SUMMARY EVALUATIONS:

Given how well you know this applicant and the applicant's peer group:

3. Estimate how well the applicant's grades reflect his/her academic potential:

overestimate good estimate underestimate no basis to judge

4. How much clinical practicum has this student completed?

0-20 hrs 20-40 hrs 40-60 hrs 60-80 hrs 80+ hours

5. Estimate how well this applicant appears to be suited for a CLINICAL career by checking in the boxes below.

Below Average	Average	Above Average	Exceptional	No Basis to Judge
<div style="display: flex; justify-content: space-around;"> 50th percentile 75th percentile 90th percentile </div>				

6. Overall, how do you rate this applicant?

Below Average	Average	Above Average	Exceptional	No Basis to Judge
<div style="display: flex; justify-content: space-around;"> 50th percentile 75th percentile 90th percentile </div>				

7. Please check one of the following:

- I do not recommend this student.
- I recommend this student with reservations
- I recommend this student.
- I highly recommend this student.

Other comments:

Please return this form to:

Graduate Program, Speech-Language Pathology
 Southern Illinois University Edwardsville
 Campus Box 1147
 Edwardsville, IL 62026

Signature _____ Name (please print) _____
 Position _____ At _____
 Address _____
 Phone _____ Date _____