



Communication Sciences and Disorders Internship Course (COMD 495)

RECOMMENDATION FORM

Applicant's name _____

Name of recommender			
Title or Occupation		Institution	
Telephone		Email	
How long have you known the applicant?			
In what capacity have you known the applicant?			
How well do you feel you know the applicant?	Very well	Well	Not well
<p>Using the following scales, please rate the applicant on the items listed, in comparison with other students whom you have known in similar stages of their academic careers. (5 - excellent, 4 - very good, 3 - satisfactory, 2 - below average, 1 - cannot judge):</p> <p>Aptitude toward learning</p> <p>Problem-solving skills</p> <p>Interpersonal relations</p> <p>Responsibility</p> <p>Ability to work as a member of a team</p> <p>Ability to work independently</p> <p>Clinical potential</p> <p>Oral communication skills</p> <p>Overall rating</p>			
<p>ADDITIONAL COMMENTS: Comment specifically on the applicant's strengths and limitations with respect to their potential for becoming a speech-language pathology assistant.</p>			

Recommender's Signature _____ Date _____

Please return this form to the applicant in a sealed envelope to be included with their application packet. Alternatively, you may mail it directly to: CSUF Dept. of Communication Sciences and Disorders SLPA Committee
2600 Nutwood Ave, CP 425, Fullerton, CA 92831