



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 send this form to CSUF Department of Communication Sciences and Disorders via email jorgepena@fullerton.edu.