

**Speech-Language
Pathology**

Recommendation Form

To the applicant: In this section, complete the following items in **bold**. Give your signed form to the individual who will provide your reference to complete.

Applicant's Name:

Address:

Phone:

Email:

The Family Education Rights and Privacy Act of 1974 provides access to educational records and permits the candidate the right to review and inspect this evaluation and to challenge its contents. The Act also permits the candidate to waive his/her right of access to confidential statements obtained with respect to an application for admission or employment, and the candidate may do so by signing the waiver below.

I hereby waive my right to access my evaluation.

I hereby do not waive my right to evaluation.

Signature of Applicant

Date

To the recommender:

Please provide the information requested regarding this applicant to the Austin Peay State University Master of Speech Language Pathology program. In addition to rating the applicant's dispositions, space is provided for you to provide a supplemental narrative. You may choose to send a prepared letter as an alternative to the supplemental narrative. Sign this form electronically.

Email the signed documents to: gradadmissions@apsu.edu or you may mail a printed copy to:

Austin Peay State University Graduate Admissions
P.O. Box 4458
Clarksville TN 37044

Recommender Name:

Title/Position:

Institution:

Email:

In what capacity and how long have you known this applicant:

Where would this student rank if they applied to your program?

- Top 10%
- Top 25%
- Top 50%
- Bottom 50%

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Please rate the applicant on each attribute based on your prior experiences with undergraduate students studying speech-language pathology.

No Basis for Judgement *Very Poor* *Poor* *Below Average* *Average* *Above Average* *Good* *Excellent*

<i>Poise</i>								
<i>Enthusiasm</i>								
<i>Dependability</i>								
<i>Maturity</i>								
<i>Interpersonal skills with peers</i>								
<i>Interpersonal skills with faculty/staff</i>								
<i>Oral Communication</i>								
<i>Written Communication</i>								
<i>Potential to conduct research</i>								
<i>Overall intellectual ability</i>								
<i>Independence in scholarly work</i>								
<i>Ability to accept and use feedback</i>								
<i>Mastery of fundamental knowledge in the discipline (undergraduate preparation)</i>								
<i>Ability to establish and maintain a social role as a member of a cohort</i>								
<i>Overall rating as a prospective student for a graduate program in speech-language pathology</i>								

Please indicate the confidence with which you would or would not recommend the applicant:

- Strongly Recommend
- Recommend
- Recommend with reservation
- Do not recommend

Use the space below, or attach a letter, to provide additional information about the applicant.

The Admissions Selection Committee is interested in the student's:

- ability to complete an academically rigorous graduate program in speech-language pathology
- responsiveness to feedback
- ability to meet professional standards of conduct
- any other strengths or concerns