



Recommendation for Graduate Program in Communication Disorders

Send this recommendation to: Graduate Office; McClain Hall 203; Truman State University; Kirksville, MO 63501

Applicant: _____ Date: _____

I waive / do not waive the right to view this evaluation. . _____
 (circle one) (applicant's signature)

A Note to the Recommender: Your efforts to complete this evaluation by checking the appropriate boxes will help us to evaluate this candidate's application as fairly as possible. Please accept our thanks for your time and consideration. Please feel free to append a written statement, or use the back of this form for additional comments.

	Lower 50%	Top 50% compared to peers	Top 25% compared to peers	Top 10% compared to peers	Top 5% compared to peers	No Basis for Judging
Writing ability						
Oral presentation						
Ability to engage in conversation						
Dependability						
Response to supervision/or constructive criticism						
Ability to work well with others						
Ability to balance responsibilities						
Intellectual ability						
Academic achievement						
Professional attitude						
Confidence						
Determination/perseverance						
Creativity						
Leadership ability						
Emotional maturity						
Potential as a scholar						
Potential as a clinician						

Signature: _____ Position: _____
 Print Name: _____ Institution: _____
 Address: _____ Telephone: _____
 _____ Letter attached: _____
 _____ Additional comments on reverse: _____