

Communication Disorders Program
 Human Potential & Performance Division
 Barnett 222
 Truman State University
 Kirksville, MO 63501



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Recommendation Form for Graduate Program in Communication Disorders

A Note to the Applicant: Please type your name and today's date, then print 3 or more copies to distribute to recommenders.

Applicant name: _____ Date: _____
 (please type or print)

I waive / do not waive the right to view this evaluation. _____

(Applicant--Please check one)

(Applicant's--Please sign above)

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? Yes No

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