

**COMMUNICATION SCIENCES & DISORDERS: LETTER OF REFERENCE**

***Please mail the completed form directly to:***

**Graduate Coordinator, CSD**

**Southeastern Louisiana University**

**Box 10879 SELU, Hammond, LA 70402**

**Under the provisions of the Family Educational and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided below unless he/she has waived such access.**

# APPLICANT’S SECTION

**Name Phone and email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***(Please print name as it appears on transcripts)***

**Mailing address \_\_\_\_\_\_\_**

**Person completing this form**

***(Please type or print the information above)***

**Please check one:**

* **I waive the right provided by the Family Educational Rights to Privacy Act of 1974 (Buckley Amendment) to view this letter of reference in my file at Southeastern Louisiana University.**
* **I do not wish to waive this right. Rather, I wish to retain the right to view this letter in my file at Southeastern Louisiana University.**

**Signature of Applicant Date**

**(The applicant should complete the items above and give this form to an individual well acquainted with his/her education abilities.)**

**RESPONDANT’S SECTION**

**Please comment honestly on this candidate’s qualifications and potential for successful graduate study. Continue on the reverse side if necessary.**

**1. Explain how well and under what circumstances you have known this applicant?**

**2. Discuss the applicant’s personal and interpersonal attributes that are important for working closely with individuals with disabilities and their families? Please provide evidence of this.**

**On each continuum below, please mark an “X” indicating your rating of this applicant. If you have not had an opportunity to observe an indicator, leave that line blank.**

|  |  |
| --- | --- |
|  | **POOR OUSTANDING**  **1 2 3 4 5 6 7 8 9 10** |
| **Academic potential** |  |
| **Interpersonal Interactions** |  |
| **Responsibility** |  |
| **Critical Thinking** |  |
| **Oral Communication** |  |
| **Written**  **Communication** |  |
| **Responsiveness to Feedback** |  |
| **Collaboration with peers** |  |
| **Independence** |  |
| **Flexibility** |  |
| **Work Ethic** |  |
| **Clinical potential** |  |
| **Research potential** |  |

**Discuss any concerns/red flags that you would like the admissions committee to consider.**

**Would you recommend this individual for graduate study?**

* **YES, I STRONGLY RECOMMEND THIS INDIVIDUAL FOR GRADUATE STUDY.**
* **YES, I RECOMMEND.**
* **YES, I RECOMMEND WITH SOME RESERVATION (PLEASE EXPLAIN). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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* **NO, I DO NOT RECOMMEND.**

**Other Comments:**

**Respondent’s Signature Name Date**

***(Printed or Typed)***

**Institution Title \_\_\_\_\_\_\_\_\_**

**Phone Number Email Address**

