University of Colorado at Boulder
Department of Speech, Language, and Hearing Sciences
Speech Language Pathology Assistant (SLPA)
Certification Program

Request for Recommendation: Two letters of recommendation are required. You may make additional copies of this form.

I. To the applicant: Complete Section I. One form should be given to each recommender. They may return it by mail to: University of Colorado-Boulder, On-Line SLPA Certification Program, UCB 409, Boulder, CO 80309, or e-mail to slhsgrad@colorado.edu.

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<tr>
<th>Last (Family) Name</th>
<th>First Name</th>
<th>Middle</th>
<th>Maiden Name (optional)</th>
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<td>is applying for admission to the On-Line SLPA Certification Program at the University of Colorado and listed you as a reference on his or her application.</td>
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Department or School (to be filled in by applicant) | Social Security # (optional-for record keeping only) or Birth Date |

Under the Family Educational Rights and Privacy Act of 1974, students who are admitted and who matriculated into the program to which they apply are given the right to inspect their records, including their letters of recommendation, unless they have waived their right of review. You have the option of (1) signing the following waiver or (2) declining to do so.

☐ 1. I expressly waive any rights I might have to access this letter of recommendation under the Family Educational Rights and Privacy Act of 1974.

☐ 2. I do not agree to the waiver above.

Signature ____________________________ Date ____________

II. To the recommender: This form is intended solely for your convenience; its use is optional. Before you agree to submit a recommendation, whether on this form or on your own stationery, please review the reference to the federal law entitled the Family Educational Rights and Privacy Act of 1974 as presented above in our instructions “To the Applicant.”

We solicit your candid evaluation of the applicant’s preparation for program study as an SLPA, range of abilities, accomplishments, and creative and intellectual promise. On the back of this form, or on your own stationery, please summarize your opinion of (a) the quality of the applicant’s academic achievements, including material not apparent on the official transcripts; (b) the applicants scholarly or creative potential; (c) those aspects of the applicant's personality and character significant to the SLPA program; and (d) the applicant's special skills and experience where demonstrated in an art, vocation, or profession. We would appreciate knowing the extent of your contact with the applicant and any special opportunities you may have had to observe him or her.

Summary Evaluation:

Compared with the _____ (number) students you have known in the past _____ years in his or her field at approximately the same level of training, this student would rank as indicated on the scales below, when evaluated for:

a) Scholarly or creative achievement

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b) Promise or probability of success as an SLPA

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Note: The educational level of the representative group with whom the applicant is compared is:

☐ College Seniors ☐ Other (Specify) ____________________________ Date ____________

Recommender’s Signature ____________________________ Date ____________

Name Printed or Typed: ____________________________ Title: ____________________________

Address: ______________________________________