**CU**
Speech, Language & Hearing Sciences
UNIVERSITY OF COLORADO **BOULDER**

**Speech-Language Pathology Certificate Program (SLPA)**

Letter of Recommendation Form

Hello. Thank you for taking the time to complete a letter of recommendation for the SLPA Certificate Program. For more information about this program, click here.

Please complete this SLPA recommendation form and submit your letter of recommendation. Before you agree to submit a recommendation, please refer to the federal law entitled the Family Educational Rights and Privacy Act of 1974. **It is included in the email where you received the invitation to complete this form**.

In the box below, or in your own format (as a file attached), please provide your candid impression of (a) the quality of the applicant's academic achievements, including materials not apparent on the official transcripts; (b) the applicant's scholarly or creative potential; (c) those aspects of the applicant's personality and character significant to working with students in the public schools; and (d) the applicant's special skills and experience where demonstrated. We also would appreciate knowing the nature and extent of your contact with the applicant.

## Identify the applicant you will recommend

**Applicant's Full Name:** *

[                    ] [                         ]

First Name          Last Name

**Applicant's E-mail:** *

[                         ]

[                         ]

example@example.com

## Opinion about the applicant / Letter of recommendation

**Choose only one option:**

**Type your opinion in this box:**



## Student Rating

**Answer the following questions:**

**Use the following numerical scores. Mark every line; insert "X" if insufficient knowledge to rate and "NA" if not applicable.**

Rating

| | |
|---|---|
| **Intellectual ability** | |
| **Imagination and creativity** | |
| **Ability in oral expression** | |
| **Writing ability** | |
| **Quality of previous work** | |
| **Research aptitude** | |
| **Promise as professional in the field** | |
| **Work ethic** | |

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

○ College Seniors

○ [                    ]

## Signing

By clicking submit, I hereby certify to the best of my knowledge, that the information submitted on this application is true and complete.

**Title: ***

**First Name: ***

**Last Name: ***

**Phone ***

Area Code          Phone Number

**Address ***

Street Address

Apartment/Unit #

City                          State

Zip Code

**Date: ***

Month    Day      Year

Submit

NOTE: You may print the form for your own records before submit. After submitting the form you will see a confirmation screen that you application has been received.