



## SLPA Certificate Applicant Recommendation Form

**Section A Instructions: The applicant should complete this section and then submit to their university program or clinical director for completion.**

---

Full Name: \_\_\_\_\_

Undergraduate University: \_\_\_\_\_

Graduation or Anticipated Graduation Date: \_\_\_\_\_ GPA: \_\_\_\_\_

CSD Program Director's Name: \_\_\_\_\_

*I freely and voluntarily waive my rights of access to any and all information contained in this recommendation and agree that any comments below will remain confidential.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section B Instructions: The university program or clinical director should complete this section and then email directly to Sarah Baker, Program Director, OCCC SLPA department:**

[sarah.m.baker@occc.edu](mailto:sarah.m.baker@occc.edu)

---

- |   |     |    |
|---|-----|----|
| • Did this student graduate with a bachelor's degree in CSD or SLP from your university within the last 5 years?          | Yes | No |
| • If no, do you anticipate this student graduating by the end of the current spring semester with a degree in CSD or SLP? | Yes | No |
| • Did this student complete 25 guided observation hours in your program?  | Yes | No |

Please provide your perception of the student's academic and work characteristics, such as motivation, maturity, integrity, initiative, and capacity for growth.

---

---

---

---

I recommend this student:  Strongly  Fairly Strongly  With reservation

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_