

**EVALUATION FORM REGARDING ADMISSION TO THE MASTER'S PROGRAM IN  
COMMUNICATION SCIENCES AND DISORDERS, CALIFORNIA STATE UNIVERSITY,  
CHICO**

\_\_\_\_\_ has applied to the Graduate Program in Communication Sciences and Disorders at California State University, Chico.

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Please circle the number that reflects your rating of the applicant in each of the following areas.

	Poor		Average		Good		Superior	
	1	2	3	4	5	6	7	NA
Interpersonal Skills	1	2	3	4	5	6	7	NA
Academic ability	1	2	3	4	5	6	7	NA
Academic performance	1	2	3	4	5	6	7	NA
Clinical potential	1	2	3	4	5	6	7	NA
Verbal ability	1	2	3	4	5	6	7	NA
Writing ability	1	2	3	4	5	6	7	NA
Conscientiousness	1	2	3	4	5	6	7	NA
Overall evaluation	1	2	3	4	5	6	7	NA

Please use the space below (or reverse side) to add any information that you feel might increase our understanding of the candidate.

NAME \_\_\_\_\_ POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\* \* \* \* \*

I, (Signature of Applicant) \_\_\_\_\_ do \_\_\_ do not \_\_\_  
waive my right to review the content of this document.

Return completed form to: Patrick McCaffrey, Ph.D. Graduate Coordinator  
Communication Sciences and Disorders Graduate Program  
California State University, Chico  
Chico, California 95929-0350