



Harding University

Graduate School Readiness Scale

To be completed by the applicant:

Applicant's Name _____

Distribution of this form indicates that the applicant has read, understands, signed, and presented the regulation concerning Waiver of Access to Forms and Letters of Recommendation to the recommender.

How long and in what capacity have you known the recommender? _____

Recommender: Please rate the applicant (compared to college seniors) on the qualities listed below:

	Outstanding	Excellent	Adequate	Poor	Not Observed
	Highest 5%	Highest 10%	Highest 25 -50%	Lowest 50%	
Interpersonal skills with clients/family					
Interpersonal skills with peers					
Interpersonal skills with faculty					
Oral communication skills					
Written communication skills					
Initiative; self-reliance; independence					
Dependability; responsibility					
Judgment; maturity; common sense					
Critical thinking; clinical problem solving					
Integrity, ethical behavior					
Clinical and personal flexibility					
Degree of mastery of fundamental knowledge in the field					
Ability to grasp new concepts					
Motivation and interest in the field					
Leadership ability					
Response to constructive criticism					
Creativity – ability to think “out of the box”					
Rating of overall scholarly ability:					
Rating of overall clinical ability:					

Place an asterisk beside any item that needs additional explanation (i.e. “Degree of mastery of fundamental knowledge in the field* would follow with a note that the student is applying from another undergraduate major and has taken a few leveling classes.)

Explanation of any asterisked items above:

1. How well do you know this applicant and his/her academic ability?

Very well

Well

Not very well

2. Please rate how well you feel the applicant's grades reflect his/her academic potential.

Very well

Well

Not very well

3. Would this applicant be eligible for admission to your program? Yes No

4. Would you accept this student for admission to your program? Yes No

5. Do you know of any matters pertaining to character, integrity, ability to accept responsibility or related considerations which should be made known to an admissions committee and/or faculty in planning for the successful applicant's graduate program?

6. Considering this applicant's academic record, special abilities, ambition and determination, please indicate your recommendation based on your prediction for the candidate's success in a graduate program.

Recommend strongly

Recommend with reservation

Recommend

Cannot recommend

7. In a single word, how would you describe this applicant? _____

8. Please use this space to make any comments about this applicant that you feel would assist the admissions committee in making an admission decision regarding this individual. Feel free to attach a separate letter of recommendation.

Name of Evaluator:

Signature:

Title:

Institution:

Phone number/E-mail

Please return this form in a sealed (signed across the back) envelope to:

Department of Communication Sciences and Disorders
Box 10872, Harding University
Searcy, AR 72143