

RETURN TO:
 ORPAS
 Ontario Universities' Application Centre
 170 Research Lane
 Guelph ON N1G 5E2 Canada

Confidential Clinical Reference Form

For Speech-Language Pathology and/or Audiology Applicants Only

TO THE APPLICANT

1. Indicate program(s) to which you are applying: AUD SLP
2. Your name and address should be recorded in the space to the right.
3. Forward this form to the referee.

<p>REFEREE</p> <p>Referee's Name _____</p> <p>Position _____</p> <p>Department _____</p> <p>Address _____</p> <p>Postal Code _____ Area Code & Phone Number _____</p> <p>Email Address _____</p>	<p>APPLICANT</p> <p>Name _____</p> <p>Area Code & Phone Number _____</p> <p>Email Address _____</p>
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TO THE REFEREE

1. Please type or print legibly in black.
2. Applicants to programs in Speech-Language Pathology or Audiology must have completed a **total minimum of 14 hours of work or volunteer service in a communication disorders setting** under the supervision of a qualified speech-language pathologist or audiologist.
3. Please comment on interpersonal skills and other characteristics that may provide some information on this individual's suitability for the profession of speech-language pathology or audiology.
4. Check each item at the point on the scale that best indicates your rating of this individual working under your supervision as compared to other volunteers or employees.

5. Please forward this assessment directly to ORPAS. This form is to be completed in confidence by you and should not be made available to the applicant nor will the applicant have access to this completed form.
6. **ORPAS strongly encourages you to use regular postal services.** Due to the volume of mail received by ORPAS, the use of courier services or express mail envelopes physically strains the staff responsible for opening and processing this mail. **Please allow enough time to post your Confidential Assessment Form by regular mail. ORPAS strongly suggests that you keep a copy of this reference for your files.**
7. If you have any questions, please feel free to contact the universities directly at the following numbers.
 The University of Toronto – Speech-Language Pathology: 416-978-1794
 The University of Western Ontario – School of Communication Sciences and Disorders: 519-661-3227

APPROPRIATE RATING	Top 10% <i>Outstanding</i>	Next 20% <i>Above Average</i>	Next 20% <i>Average</i>	Lower 50% <i>Below Average</i>	Comments
Interpersonal Skills					
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tactful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sensitive to clients' needs and others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interacts appropriately with supervisor and with other professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communicates effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personality/Characteristics					
Sense of self-worth and confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Empathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recognition of limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Respect for social and cultural differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Job-Related Items					
Carries out assigned tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Keeps records/materials in good order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintains confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OVERALL SUITABILITY TO THE PROFESSION					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

1. Briefly describe the nature and extent of the applicant's volunteer/work experience under your supervision. (You may choose to attach a separate sheet.)

2. Kindly elaborate on the applicant's strengths and weaknesses as they pertain to suitability for the professional practice of speech-language pathology/audiology. Wherever possible, compare this applicant to other applicants you have supervised (you may choose to attach a separate sheet).

Dates of supervised experience: _____
 Total number of hours of experience at your facility: _____

IMPORTANT: Send this form **directly** to the Ontario Universities' Application Centre at the address listed at the top of the page. If you are willing to be contacted regarding your assessment of this applicant, please enter a telephone number where you can be reached during business hours or an email address.

Referee's Signature _____ Date _____

Please return this assessment and accompanying letter by January 6, 2012. ORPAS will acknowledge receipt of this form.