



## Nova Southeastern University Health Professions Division College of Health Care Sciences Doctor of Audiology (Au.D.)

Αp	Applicant: Please complete the following and sign:				valuation Form					
Pu	rsuant to the Family Education Rights and Privacy Act (Buckley Amendment) signed into law Dec	emb	er 31	1, 19	74,					
	Name of Applicant  Name of Applicant $\vec{r}$ iew this and other recommendation forms upon completion.	to ir	spe	ct an	ıd					
	Applicant s	signatu	re							
thi is	raluator: Thank you for your evaluation of this applicant. The applicant's file will not be further cost form, and we ask that you return it as soon as possible. It is important that you answer each que needed, please use the space for additional comments on the reverse side or attach an additure of the comments of the reverse side or attach an additure of the comments.	estic	n. If	add	ition	al sp	ace			
1.	Applicant's name (Please print)									
	Last Name First Middle/Ma	iden								
2.	How long have you known the applicant?									
<ol> <li>3.</li> <li>4.</li> </ol>	What is your relation to the applicant? (Check categories which are most appropriate)  Professional (Indicate type) Teacher Em Other  Please rate the applicant's abilities in the following areas using the scale below:	nploy	er							
	1 =Outstanding; 3 = Above Average; 2 = Average; 1 = Below Average; 0 = Poor; N = No basis for judgment	4	3	2	1	0	N			
-	Judgment—common sense, decisiveness, considers alternative solutions, able to accept suggestions									
$\vdash$	Assertiveness—non-abrasive, firmness in stating position									
-	Knowledge of, and interest in, Audiology—depth of commitment									
	Oral Expression—clarity, articulates position well									
-	nitiative—self-starter, independent, needs little or no supervision									
-	Mood Stability—performs well under pressure, level-headed, adjusts to situations									
-	Demeanor—warm, responsive to others' moods, positive									
L	ndustry—perseverance, endurance, works hard									
I	Reliability—dependability, you can count on him or her									
L	_eadership—earns respect by example, others turn to him or her for direction, steps in to organize									
I	ntegrity—practices high principles without evoking moral antagonism; morally consistent									
Ŀ	Self-understanding—knows own strengths, knows and works on weaknesses									
(	Openness—shares his or her feelings, seeks advice of others									
L	Personal Appearance—appropriate for whatever occasion arises, neatness									
I	nquisitiveness—eager to learn, curious									
	Cooperation—ability to work with others									

Written Communication—clear, concise

	If you wish, please use this space to explain any of your ratings in question four or to comment on other aspects of the applicant's character and personality.							
_								
6. In	In daily interactions with others, the applicant tends to be:  strongly introverted introv							
7. W	What do you feel are the applicant's major strengths?							
- 8. W	What do you feel are the applicant's weaknesses?							
9. If	you were a member of an admissions committee, how was I would highly recommend this applicant.  I would recommend this applicant.  I would recommend this applicant, but with some reserved.							
∟ 10. A	☐ I would not be able to recommend this applicant.  dditional comments.							
_								
Signe	d	Date						
Name	(Please Print)	Title or occupation						
		Tolophono						
Addre	Number Street							
	City State ZIP	Email address						

Please return form to:

Nova Southeastern University Enrollment Processing Services (EPS) Attn: College of Health Care Sciences 3301 College Avenue P.O. Box 299000 Fort Lauderdale, Florida 33329-9905