

Confidential Clinical Reference Form

For Speech-Language Pathology and/or Audiology Applicants Only

Referee Referee's Name _____ Position _____ Department _____ Address _____ Postal Code _____ Area Code & Phone Number _____ Email Address _____	Applicant Applicant's Name _____ Area Code & Phone Number _____ Email Address _____
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To the Referee

- Applicants to programs in Speech-Language Pathology and/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.
- Check each item at the point on the scale that best indicates your rating of the individual working under your supervision as compared to other volunteers or employees. Please type or print legibly in black ink.
- On your official stationery, 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 and/or audiology.
- Forward this assessment directly to ORPAS. Complete this form in confidence and do not make it available to the applicant. The applicant will not have access to this completed form once you submit it to ORPAS.
- Return this assessment and accompanying letter by **January 8, 2016**. ORPAS will acknowledge receipt of this form.

- If you have any questions, please contact the universities directly:
 University of Toronto - Speech-Language Pathology: 416-978-1794;
 Western University - School of Communication Sciences and Disorders: 519-661-3227

Notes:

- Do not email this form to ORPAS, as it is not a secure method of communication.
- Use regular postal services. Due to the volume of mail ORPAS receives, the use of courier services physically strains the staff responsible for opening and processing any mail sent via courier. Please allow enough time to post your Confidential Clinical Reference Form by regular mail.
- Keep a copy of this reference for your files.

Characteristics	Ratings						Comments
	Top 2% <i>Outstanding</i>	Top 10% <i>Excellent</i>	Next 20% <i>Above Average</i>	Next 20% <i>Average</i>	Lower 50% <i>Below Average</i>	Unable to Evaluate	
Demonstrates tact (ability to act or to speak without offending or upsetting others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interacts appropriately with supervisor and other professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interacts appropriately with clients and family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates keen interest in profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates professionalism (manner, ownership, reliability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communicates effectively - speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communicates effectively - writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates preparedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Asks relevant questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Arrives at scheduled times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recognizes own limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates respect for social and cultural differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Completes tasks (thorough and timely)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Extremely Suitable	Very Suitable	Somewhat Suitable	Somewhat Unsuitable	Very Unsuitable	Extremely Unsuitable	Unable to Rate Suitability
Overall Suitability to the Profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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1. Please indicate the percentage of time that the applicant spent (should total 100%):

- a. Observing _____%
- b. Carrying out administrative or clerical tasks _____%
- c. Direct contact/participation/interaction with clients _____%
- d. Other (please explain) _____%

2. Overall, I would rank this applicant ___/___ compared to the other volunteers I supervised this year.
(E.g., 1/5; that is, the top volunteer of 5 volunteers I supervised this year.)

3. Overall, I would rank this applicant ___/___ compared to the other volunteers I supervised in total.
(E.g., 3/15; that is, third highest volunteer of 15 volunteers I have ever supervised.)

4. With the appropriate clinical and academic education and training, would you be comfortable with this applicant providing care to one of your family members? Yes ___ No ___ Possibly ___ Cannot Rate ___

5. Please include a separate written letter justifying the above rankings. If possible, comment on evidence of clinical reasoning, problem solving and professionalism.

Dates of supervised volunteer experience: _____

Total number of hours of experience/volunteering at your facility: _____

IMPORTANT:

Send this form **directly** to the Ontario Universities' Application Centre at the address at the top of page 1. If you are willing to be contacted about your assessment of this applicant, please provide an email address or a telephone number where you can be reached during business hours.

Referee's Signature _____ **Date** _____