American Board of Stuttering, Cluttering & Fluency Disorders

# BCS-SCF Application

## Letter of Recommendation Form

Dear _____,

You have been listed as a reference for _____ in his/her application to become a Board Certified Specialist-Stuttering, Cluttering, and Fluency Disorders. Please complete the following form *in addition to a narrative letter of recommendation* and email both to info@stutteringspeciliasts.org.

**Please print or type the following information:**

Name: _____Date:_____

Institution or Position: _____

Address:_____ City_____

State: _____Zip: _____ Country: _____

Daytime Phone: _____Email: _____

A. Approximately how many individuals have you known in a similar capacity (defined as per your relationship, but the other individuals need not necessarily hold specialty certification in the area of stuttering, cluttering, and fluency disorders)?

None_____ 1 to 5_____ 6 to 10_____ ≥ 10_____

B. Rank the applicant's abilities based upon your knowledge in relation to other individuals you have known in a similar capacity or to the best of your knowledge, experience, and judgment.

Select 'Not Observed' (N/O) if you have not had an opportunity to evaluate the characteristic or have no basis for assessment.

| | 1<br>N/O | 2<br>Poor<br>(0-24%) | 3<br>Fair<br>(25-49%) | 4<br>Good<br>(50-74%) | 5<br>Excellent<br>(75-94%) | 6<br>Superior<br>(95-100%) |
|---|---|---|---|---|---|---|
| Demonstrates knowledge of current research and treatment evidence regarding fluency disorders. | | | | | | |
| Demonstrates ability to perform comprehensive evaluation procedures for fluency disorders. | | | | | | |
| Demonstrates ability to develop and implement an individualized diagnostic statement and treatment plan. | | | | | | |
| Communicates effectively with clients, families, and/or peers and superiors. | | | | | | |
| Incorporates relevant others in the evaluation and therapy process. | | | | | | |
| Incorporates family and others in treatment. | | | | | | |
| Displays effective modeling of therapy-related skills for clients, parents, and others. | | | | | | |

C. Please check one of the following:

_____I strongly recommend this applicant.

_____I recommend this applicant.

_____I do not recommend this applicant.

_____I am aware of consumer/other complaints about this applicant.

Recommender Signature _____Date _____

Please attach a narrative letter to this form and email it to info@stutteringspecialists.org. If you do not recommend this candidate or are aware of consumer/other complaints, please elaborate.