

Professional recommendation

Name

Title/organization

Address

Phone number

Relationship to family

How long have you known the family?

Name of child

Name of parent/guardian

Please rate the following statements:

The family has demonstrated commitment to their chosen communication mode or language for their child:

Strongly agree Somewhat agree Strongly agree Somewhat disagree Not applicable

The family has demonstrated commitment to the use of appropriate amplification:

Strongly agree Somewhat agree Strongly agree Somewhat disagree Not applicable

The family has consistently attended appointments/therapies:

Strongly agree Somewhat agree Strongly agree Somewhat disagree Not applicable

The family has demonstrated an understanding of the importance of consistent follow-through of recommendations outside of therapy settings:

Strongly agree Somewhat agree Strongly agree Somewhat disagree Not applicable

Optional additional comments:

Signature

Date