



## RECOMMENDATION FOR GRADUATE COUNSELOR EDUCATION PROGRAM

Applicant Name: _____ Address: _____ _____ Date of Application: _____	Program (Please check one)
	____ School Counseling ____ Clinical Mental Health

TO THE APPLICANT: This form should be given to professors and/or employment supervisors who are able to comment on your qualifications for graduate studies in counseling. Relatives and/or spouses are not acceptable references.

Under the Federal Rights for Educational Privacy Act of 1974 (FERPA), students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing recommendations may attach more significance to them if it is known that they will remain confidential. It is your opinion to waive or retain your rights to access these recommendations.

To be acceptable this form must have the appropriate phrase marked below any by your signature.

\_\_\_ I waive my right to review this recommendation

\_\_\_ I do not waive my right to review this recommendation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

TO THE EVALUATOR: The above named person is applying for admission for a graduate program in counseling education at Western Connecticut State University. Your evaluation of the candidate on his or her academic and/or professional work, and dispositions are requested to facilitate the admissions process. Please complete the following rating form to the best of your knowledge about the candidate.

### TO BE COMPLETED BY THE EVALUATOR

1. I have known the applicant for \_\_\_\_\_ years \_\_\_\_\_ months.
2. I have known the applicant: \_\_\_slightly \_\_\_fairly well \_\_\_very well
3. I have known the applicant: \_\_\_ as an undergraduate student \_\_\_ as a graduate student  
\_\_\_\_ as a volunteer \_\_\_ as an employment supervisee



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4. Please rate the applicant relative to other students or employees you have known on the following scale:  
 0 = No Basis for Judgment    1= Below Average (Lower 50%)    2= Average (Top 50%)  
 3= Above Average (Top 25%)    4= Exceptional (Top 10%)

RATING AREA	0	1	2	3	4
Shows a pattern of responsibility (i.e., dependable, accepts responsibility for actions or mistakes)					
Shows a pattern of respect and sensitivity for others					
Demonstrates sound judgement					
Utilizes adequate interpersonal skills in relation to others					
Demonstrates ability to receive feedback					
Demonstrates ability to work with diverse groups and populations					
Emotional maturity					
Shows ability and potential to function as a professional in a mental health or school setting					
Oral communication skills					
Written communication skills					
Carefulness in work					
Ability to manage time (i.e., meets deadlines)					
Professionalism					
Leadership ability					
Integrity					
Motivation					
Potential for success in a graduate program					

5. What is your overall recommendation? Please rate the candidate below.

- ☐ Strongly recommended  
☐ Recommended  
☐ Recommend with reservations (Please explain in the box).  
☐ Do not recommend (Please explain in the box)

Additional Comments (optional):

Evaluator Name: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator Signature \_\_\_\_\_