



*Master of Science in Clinical Counseling Psychology
Candidate Recommendation*

INSTRUCTIONS FOR THE CANDIDATE

Please complete (print or type) the top portion of this form before delivering it to the individual you have selected as a reference.

Name of Candidate: _____

Name of Evaluator: _____ Phone Number: _____

Under the provision of the Family Education Rights Act of 1974, you may decide whether letters of references written at your request are to be held in confidence or whether they are to be available for your personal inspection. Check one of the following statements and place your signature in the space provided so that the reference will be advised of your choice.

_____ Confidential file – I grant permission for this letter of reference to be held in confidence by Brenau University.

_____ Open file – I retain the choice of having letters of reference available to me.

Signature of Applicant: _____

INSTRUCTIONS FOR THE REFERENCE PROVIDER

Thank you for taking the time to provide information on this applicant to our clinical counseling psychology masters program. We are very interested in your opinions about this candidate's potential and her/his ability to handle the academic and interpersonal demands inherent in the program. You may also attach a letter.

On the back of this form you will find a list of characteristics. Please rate the candidate on these following general characteristics, using the rating scale below. If you do not have a basis to rate the person, check the last column, "not known".

Poor	A definite weakness; would be a major problem for this person as student and future professional.
Fair	The candidate is inconsistent regarding this issue, sometimes demonstrating satisfactory abilities or behaviors, and sometimes not.
Average	Generally satisfactory.
Good	Strong abilities and behaviors.
Excellent	This is a real strength for this person and is consistently stronger than most people in this ability or behavior.

Please read and sign the statement below regarding the candidates' access to this information.

I have noted whether the individual waived his/her rights to see the recommendation letter (see above).

Signed: _____ Date: _____

Name (Printed or Typed): _____ Title: _____

Institution: _____

CONTINUED ON REVERSE....

How long have you known this candidate, and in what capacity?

How would you rate this candidate compared to other students or employees with whom you have worked?

<i>Please rate the candidate on each characteristic</i>	<i>Poor</i>	<i>Fair</i>	<i>Average</i>	<i>Good</i>	<i>Excellent</i>	<i>Unknown</i>
Dependability	_____	_____	_____	_____	_____	_____
Interpersonal skills	_____	_____	_____	_____	_____	_____
Assertiveness	_____	_____	_____	_____	_____	_____
Ability to work well with others	_____	_____	_____	_____	_____	_____
Verbal communication skills	_____	_____	_____	_____	_____	_____
Written communication skills	_____	_____	_____	_____	_____	_____
Nonverbal communication skills	_____	_____	_____	_____	_____	_____
Asks good questions	_____	_____	_____	_____	_____	_____
Responds well to feedback	_____	_____	_____	_____	_____	_____
Honesty and integrity	_____	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____	_____
Cultural Awareness/Sensitivity	_____	_____	_____	_____	_____	_____
Flexibility	_____	_____	_____	_____	_____	_____
Problem solving	_____	_____	_____	_____	_____	_____

Assuming this person had the appropriate qualifications, would you hire this person? Why or why not?

Please add any other comments which you feel are pertinent to this person's potential to succeed in both the program and the profession.

After completion, please **seal in an envelope, sign over the seal and return to the applicant.**

If circumstances require that this be mailed, please send to:

Brenau University
Office of Admissions
500 Washington Street S.E.
Gainesville, GA 30501