Shippensburg University

DEPARTMENT OF COUNSELING & COLLEGE STUDENT PERSONNEL
RECOMMENDATION FORM

APPLICANT COMPLETES: *(prior to giving to recommendation)*

Last Name:	First Name:	Middle Name:	
Date:	Signature:		

Under the provision of the PA Right to Know Law and the Federal Family Education Rights Privacy Act of 1971 (must check one).

_____ I **RETAIN** my right to review this recommendation.

OR

_____ I **WAIVE** my right to review this recommendation

RECOMMENDATION COMPLETES:

The person listed above has applied for consideration as a degree candidate in Counseling and must provide three recommendation forms. The signature above authorizes you to complete the form. Your assessment will assist the faculty in determining an admission decision.

Please complete both sides of this recommendation form and return it to the applicant in the provided envelope with your signature on the seal. Thank you.

Please rate the applicant on the following terms by circling the appropriate number.
Please use the following scale:

5 = Excellent, top 10%
4 = Good, top 25% but not top 10%
3 = Adequate, middle 50%
2 = Questionable, lower 25% but not bottom 10%
1 = Poor, bottom 10%
N = No opportunity to judge

5	4	3	2	1	N	Potential for success as a Counselor/College Student Personnel Professional
5	4	3	2	1	N	Potential for success in graduate study
5	4	3	2	1	N	Personality - impact upon peers; ability to get along well with others
5	4	3	2	1	N	Leadership qualities - peer respond to his/her leadership
5	4	3	2	1	N	Receptiveness to constructive suggestions from others
5	4	3	2	1	N	Responsiveness and sensitivity to others
5	4	3	2	1	N	Ability to perceive others accurately
5	4	3	2	1	N	Enthusiasm and professional dedication
5	4	3	2	1	N	Flexibility - ability to adapt to a variety of situations
5	4	3	2	1	N	Security - exhibits personal sense of self-confidence
5	4	3	2	1	N	Communication skills - ability to express ideas to others
5	4	3	2	1	N	Honesty and integrity
5	4	3	2	1	N	Ability to recognize his/her limits
5	4	3	2	1	N	Capacity for self-assessment and personal insight
5	4	3	2	1	N	Aspiration and motivation
5	4	3	2	1	N	Knowledge of real world
5	4	3	2	1	N	Ability to hold things in confidence

APPLICANT: Last Name_____ First Name:_____ MI:_____

1. What are the applicant's major assets, both personally and professionally?

2. What suggested improvements do you see that the applicant would need to make in order to be an effective counselor?

3. How does this individual interact with others? Be sure to include what ways the individual responds to those who are different than him/herself (racially, culturally, in gender, and in sexual orientation).

4. How does the applicant manage stressful situations?

5. Is the applicant in your judgment, the type of person whom you would be willing to hire as a counselor in your work setting? If not, please explain.

6. Are there any other factors that would help the committee assess the candidate's ability to counsel others?

Once you complete this form, please place it in an envelope. Then sign on the seal of the envelope and return to the applicant. Thank you.

Print Name: _____

Signature: _____

Relationship to Applicant: _____

(Supervisor, Colleague, Professor)

Position: _____

Address: _____

_____

Phone: _____