



Stephen F. Austin State University Counselor Education Program Recommendation Form

Clinical Mental Health Counseling Concentration

To the Applicant: It is suggested this form should be given to: (a) a professor, outside the SFA Counselor Education program, with whom you have studied; (b) an employee supervisor under whom you have taught or worked; and/or (c) a practicing counselor (if possible). If those categories are not available to you, the recommender should be able to comment on your qualifications for graduate study and as a participant in the counseling profession. **Recommendations from personal friends, social acquaintances, and pastors will not be considered. A letter of recommendation should accompany the form. Letters of recommendation will not be accepted without this fully completed form, including the applicant information and signature.**

Applicant		Recommender	
Your Name:		Recommender's Name:	
		Organization and address	
Your Address		Recommender's Title	
City, State, Zip		Relationship to Student	
Email			
Phone Number			

You may wish to retain your right to review information provided by the recommender you choose. Some persons prefer not to complete recommendation forms unless they can be assured of the confidentiality of their comments. It is our opinion that comments provided on a confidential basis are likely to be of more help to us in judging important characteristics such as creativity, originality, independence and research capability. Therefore, the Stephen F. Austin State University Counselor Education Faculty are affording you the opportunity to waive your right of subsequent access to this reference statement. In any event, your application for admission and/or financial support will be given full consideration based on all the information accumulated in your application file, including this form, regardless of your decision on waiving your right of future review. It is our policy to shred recommendation forms and letters following the admission decision.

- I do waive my right to subsequent access to this recommendation form
- I retain my right of subsequent access to this recommendation form.

SIGNATURE

DATE

Applicant Name _____ Date: _____

To the Recommender: the above named individual has applied for admission to our Masters degree program in either school, community or rehabilitation counseling. We are asking you to provide information and evaluation concerning this applicant's ability to complete graduate study in counseling and/or their potential for success in the counseling profession.

- 1. How long and under what circumstances have you known the applicant?**
- 2. Please rate the applicant with others with whom you have worked in a similar capacity by placing a check () in the appropriate box.**

Qualities	Lower Third	Middle Third	Upper Third	Top 10%	Not Able to Judge
Ability to collaborate with others					
Creativity					
Emotional maturity and stability					
Ethics/Personal integrity					
Flexibility					
Friendliness					
Initiative and self-direction					
Intellectual ability/critical thinking					
Interpersonal skills					
Leadership					
Observed competence					
Potential as a Counselor					
Psychological health					
Quality of Work					
Response to feedback					
Tolerance for ambiguity					
Writing ability					

- 3. On a separate letterhead, please attach a letter which includes a description of the applicant's particularly relevant strengths, limitations, and other pertinent information that might help in making our decision.**
- 4. At what level of overall confidence would you recommend the applicant?**
 Not Recommend Recommend with Reservations (Please specify below) Recommend Strongly Recommend

Recommender Signatures and Information

Name (PRINT) _____ Date _____

Signature of recommender _____ Email address _____