



Southern Connecticut State University

PROFESSIONAL REFERENCE FORM
CLINICAL MENTAL HEALTH COUNSELING
DEPARTMENT OF COUNSELING AND SCHOOL PSYCHOLOGY

APPLICANT'S NAME: _____

The admissions procedure of the Clinical Mental Health Counseling Program requires the applicant to obtain individual recommendations. After completing this form, please mail it to the address at the bottom. Thank you for your cooperation.

To the applicant and recommender: If the applicant signs below, they will NOT have access to your ratings or letter.

I hereby waive my right of access under the Family Educational Rights and Privacy Act of 1974 to specific and composite recommendations.

Applicant's Signature: _____

Send to:

SCSU School of Graduate Studies - Engleman B-110

Southern Connecticut State University

501 Crescent Street

New Haven, CT 06515

1. **For how long and in what capacity have you known this applicant?**

2. Please rate the applicant relative to other students or employees whom you have known in a similar capacity on the following dimensions:

| Traits | Excellent | Good | Needs Improvement | Cannot Rate |
|---|-----------|------|-------------------|-------------|
| SCHOLARSHIP | | | | |
| Communication Skills: written | | | | |
| Communication Skills: oral | | | | |
| Ability to analyze a problem and formulate a solution | | | | |
| Actively seeks new information from supervisors and peers | | | | |
| ATTITUDE | | | | |
| Sensitive to cultural differences | | | | |
| Receptive to feedback from supervisor and peers | | | | |
| Comfortable with interpersonal relationships | | | | |
| Adaptability/Flexibility | | | | |
| INTEGRITY | | | | |
| Trustworthiness | | | | |
| Uses time effectively | | | | |
| Honestly | | | | |
| Respect for self and others | | | | |
| LEADERSHIP | | | | |
| Ability to listen to others | | | | |
| Accepts responsibility | | | | |
| Potential to become a leader in the field of counseling | | | | |
| Ability to function in a team | | | | |
| SERVICE | | | | |
| Ability to serve others | | | | |
| Ability to serve with others | | | | |
| Ability to advocate for others | | | | |
| Aware of a broader social/societal context | | | | |

3. Please feel free to also attach a personal letter which indicates the suitability of the candidate for admissions to the program.

Name of Recommender (please print): _____

Title: _____

Institution: _____

Phone number: _____

Email Address: _____

Signature: _____ DATE: _____