

**PROFESSIONAL REFERENCE FORM  
COMMUNITY COUNSELING PROGRAM**

Applicant's Name: \_\_\_\_\_

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

Applicant's signature: \_\_\_\_\_

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

**TO BE COMPLETED BY THE RECOMMENDER:**

The admissions procedure of the School of Education 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.

**For how long, and in what capacity, have you known the applicant?**

Please rate the applicant relative to other students or employees whom you have known in a similar capacity.

	Excellent	Very Good	Good	Fair	Poor	Cannot Rate
Intellectual potential	___	___	___	___	___	___
Ability to work with others	___	___	___	___	___	___
Ability to establish rapport	___	___	___	___	___	___
Adaptability / flexibility	___	___	___	___	___	___
Ability to analyze a problem and formulate a solution	___	___	___	___	___	___
Communication skills: oral	___	___	___	___	___	___
Communication skills: written	___	___	___	___	___	___
Ability to utilize constructive feedback	___	___	___	___	___	___
Appropriate independence	___	___	___	___	___	___
Leadership potential	___	___	___	___	___	___

*Please feel free to also attach a letter of recommendation which indicates the suitability of the candidate for admission to the program.*

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Institution \_\_\_\_\_

Phone number \_\_\_\_\_

Date \_\_\_\_\_

Return this form to: Dr. Uchenna Nwachuku, Coordinator  
Community Counseling Program - DA 143  
Southern Connecticut State University  
501 Crescent Street  
New Haven, CT 06515