



Southern Connecticut State University

PROFESSIONAL REFERENCE FORM
SCHOOL COUNSELING
DEPARTMENT OF COUNSELING AND SCHOOL PSYCHOLOGY

APPLICANT'S NAME:

The admissions procedure of the School 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:

Return this form to:

Dr. Margaret Generali
Coordinator,
School Counseling Program
Department of Counseling and School Psychology
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 - Honesty				
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: _____