**CLINICAL-COUNSELING PSYCHOLOGY**

**AT**

**ILLINOIS STATE UNIVERSITY**

**Reference Form for Master of Science in Clinical-Counseling Psychology**

**This form is to be completed by each person selected to serve as reference. Please upload this document in addition to your letter of recommendation.**

*Your evaluation of the applicant’s personal qualifications is important in considering their interests and ability and will be handled confidentially.*

Please rate this applicant on each item as compared to other individuals of similar training and experience with whom you have been associated.

Academic Potential:

Exceptional  Very Good  Good Fair  Poor No basis for rating   
Comments: Click or tap here to enter text.

Intellectual Independence:

Exceptional  Very Good  Good Fair  Poor No basis for rating   
Comments: Click or tap here to enter text.

Capacity for Analytical Thinking:

Exceptional  Very Good  Good Fair  Poor No basis for rating   
Comments: Click or tap here to enter text.

Ability to Work with Others:

Exceptional  Very Good  Good Fair  Poor No basis for rating   
Comments: Click or tap here to enter text.

Drive and Motivation/Initiative:

Exceptional  Very Good  Good Fair  Poor No basis for rating   
Comments: Click or tap here to enter text.

Potential as a Research Assistant:

Exceptional  Very Good  Good Fair  Poor No basis for rating   
Comments: Click or tap here to enter text.

Potential as a Clinical Counselor:

Exceptional  Very Good  Good Fair  Poor No basis for rating   
Comments: Click or tap here to enter text.

Social Skills/Interpersonal Sensitivity:

Exceptional  Very Good  Good Fair  Poor No basis for rating   
Comments: Click or tap here to enter text.

Openness to Cultural Diversity:

Exceptional  Very Good  Good Fair  Poor No basis for rating   
Comments: Click or tap here to enter text.

Communication Skills:

Exceptional  Very Good  Good Fair  Poor No basis for rating   
Comments: Click or tap here to enter text.

Overall recommendation for this applicant:

Recommend  Hesitate to recommend Do not recommend

Comments: Click or tap here to enter text.

Please provide any additional comments you feel with help us in making an admission decision:

Click or tap here to enter text.

**Section 2: Verification from reference**

Name: First name Last name Job title and credentials

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

Employer and employment address: (including street, city, state, zip):

Click or tap here to enter text.