

Recommendation Form

SUNY Oswego  
Counseling Services Center  
Peer Educator Program  
Application deadline: Wed. March 7, 2012

**Notes to applicant:**

The recommendation forms must be completed by instructors, advisors, or supervisors from your current or most recent place of employment. Recommendations from family members and/or friends cannot be accepted. Do not forget to sign the waiver at top of form.

Candidate's Name: \_\_\_\_\_

Recommender's Name: \_\_\_\_\_

I hereby grant the Counseling Center Professional staff permission to contact those individuals who completed my recommendation forms. I waive my right to see the recommendation form.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

The Counseling Center trains a small, select group of students to assist the professional staff in providing psychoeducational (primary prevention) outreach services to Oswego State students. It is expected that applicants will have an interest in making public presentations and in facilitating small group discussion. Students most likely to experience a sense of achievement in the program are those who manifest strong leadership and social skills, assertiveness, good judgment, creativity, initiative, follow-through, commitment and a propensity toward a wellness lifestyle. In addition, the candidate must demonstrate an understanding of and a commitment to maintaining confidentiality. Lastly, Counseling Center Peer Educators must demonstrate behavior that is caring, accepting, genuine, and understanding. Counseling Center Peer Educators receive training in listening and communication skills, public speaking, group facilitation, workshop planning and delivery, confidentiality, and outreach and consultation skills.

1. Please rate the candidate on the following:

	Needs improvement ..... Outstanding				
Organization skills	1	2	3	4	5
Communication skills	1	2	3	4	5
Ability to work as part of a team	1	2	3	4	5
Initiative	1	2	3	4	5
Follow through	1	2	3	4	5
Leadership skills	1	2	3	4	5
Maturity	1	2	3	4	5
Accepts responsibility	1	2	3	4	5
Uses good judgment	1	2	3	4	5
Creativity	1	2	3	4	5
Confidentiality	1	2	3	4	5
Respect for diversity	1	2	3	4	5
Caring, accepting, understanding	1	2	3	4	5

2. Briefly describe your working relationship with candidate

3. Briefly describe candidate's strengths

4. Briefly describe areas needed for growth

5. Recommend \_\_\_\_\_

Recommend with reservation \_\_\_\_\_

Do not recommend \_\_\_\_\_

Signature of recommender and date: \_\_\_\_\_ Date: \_\_\_\_\_

Print name and title: \_\_\_\_\_

Please return in sealed/signed envelope to: Tanna Olin, CSC Administrative Assistant  
Counseling Services Center #10  
113 Walker Health Center