

## School Counseling Program Letter of Recommendation

The School Counseling Program demands of its students not only strong intellectual capabilities, but also particular emotional resources and personal characteristics. It sometimes happens that a student highly qualified in other respects is admitted to a counseling program, but the emotional demands then exceed her/his capacities. As difficult as these judgments may be, we hope you will assist our faculty in this aspect of selection. Please rate the applicant on the basis of your own experience with other individuals with similar background and training.

Applicant _____	Last Name	First Name	Middle Initial
Address _____	Street City	State	Zip Code

The above named applicant has asked that you write a statement concerning her/his aptitude for graduate study in the School Counseling Program in the Department of Counseling and School Psychology at San Diego State University. The Admissions Committee is aware of the time and care necessary to prepare this evaluation and gratefully acknowledges your assistance.

Under the provisions of the Education Rights and Privacy Act of 1974, the applicant must be granted access to all papers on file unless the right has been waived.

**Prospective Student must sign either A or B:**

**A.**  **CONFIDENTIAL:** The contents of this statement remain confidential. I waive my right to see this recommendation.

**B.**  **NOT CONFIDENTIAL:** The contents of this statement are not confidential. I do not wish to waive my right to see this recommendation.

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

Signature \_\_\_\_\_  
Date \_\_\_\_\_

**Instructions for Returning Recommendation:** The appraiser is to return the Letter of Recommendation Form to the applicant who will include the Recommendation Form in the application package that is presented the Department of Counseling and School Psychology. If the student has checked CONFIDENTIAL, then the appraiser should sign the sealed envelope flap and the applicant is to return the Recommendation Form in an unopened envelope.

**How familiar are you with the applicant personally?** (please check one of the following)

\_\_\_\_\_ almost no personal contact                      \_\_\_\_\_ very few personal contacts                      \_\_\_\_\_ moderate personal contact  
 \_\_\_\_\_ many personal contacts                      \_\_\_\_\_ extensive contact with this student (know the person well)

**Instructions for Scale:** Please rate the applicant's qualities on the following scale to the best of your knowledge.

	Below Average	Average	Above Average	Far Above Average	No Basis for Judgment
Intellectual Ability	_____	_____	_____	_____	_____
Interpersonal Relationships	_____	_____	_____	_____	_____
Multicultural Perspective	_____	_____	_____	_____	_____
Leadership Skills	_____	_____	_____	_____	_____
Writing Skills	_____	_____	_____	_____	_____
Oral Skills	_____	_____	_____	_____	_____
Ability to Function Under Stress	_____	_____	_____	_____	_____
Emotional Maturity	_____	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____	_____
Resilience	_____	_____	_____	_____	_____
Sensitivity to Others	_____	_____	_____	_____	_____
Awareness of Own Effect on Others	_____	_____	_____	_____	_____

