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 Nam			Middle Initial	
AddressStreet City	State				Zip Code	
The above named applicant has asked the Counseling Program in the Department Committee is aware of the time and care	of Counseling an	nd School Psy	chology at Sa	n Diego State	University. The Admissions	
Under the provisions of the Education F the right has been <u>waived</u> .	Rights and Privac	y Act of 1974	, the applican	it must be gran	ted access to all papers on file unl	
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. \square NOT CONFIDENTIAL : The contents of this statement are not confidential. I <u>do not</u> wish to waive my right to see this recommendation.			
Signature Date:		Signature Date				
Psychology. If the student has checked to return the Recommendation Form in How familiar are you with the applications are supplied to the student has checked to return the Recommendation Form in	an unopened env	elope.		-	ed envelope flap and the applican	
almost no personal contactanny personal contacts		few personal sive contact v	contactsmoderate personal contact with this student (know the person well)			
Instructions for Scale: Please rate the	applicant's qualit	ies on the fol	lowing scale t	to the best of y	our 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						

Looking ahead to a time when this of a relative or close friend to her/			anticipate being comfortable referring a student		
definitely notyes (no reservations)	maybe definitely no	o reservations	probably (a few reservations)		
Each year, a richly diverse, multicult applications then selects students wh appreciate a narrative recommendati limited by them: a. length of time you have k b. circumstances under which	tural group of candidates ap to can learn together and co on and evaluation of the can known the candidate ch you have known the can	oply to the program ntribute to each oth ndidate. We have in didate	OFESSIONAL LETTERHEAD (if possible) The School Counseling Committee reviews these her's learning. The Admissions Committee would included some suggested topics. Please do not feel		
f. the ability of the candidat g. the ability of the candidat h. what potential you see fo i. your assessment of the ca	idate's chief liabilities you see the candidate makin e to assume responsibility f te to contribute to the learni r the candidate's success as ndidate's emotional maturi	ng to the School Co for her/his learning ing of others a graduate student ty, stability and res	ounseling learning community in a Master's degree program		
			onal characteristics of this applicant that might have el free to add to your letter of recommendation).		
	r should sign the sealed pro		ation packet. If the applicant has signed eric) envelope flap and the applicant is to return the		
OVERALL EVALUATION OF T	HE CANDIDATE:				
Outstanding CandidateFair Candidate		Strong Candidate Poor Candidate	Average Candidate		
Please Print: (Respondent)					
Last Name	First Name		Middle Initial		
Address	City	State	Zip Code		
Home Phone (Optional)		Work Phone (Optional)			
Signature of Respondent		Date			