

College of Graduate Studies LETTER OF RECOMMENDATION - DEPARTMENT OF COUNSELOR EDUCATION

TO BE COMPLETED BY	THE APPLICANT									
Social Security Number		/	_ /	_						
Telephone	Home		_	Daytim	e	_				
Name										
	Last			First		Middle				
Current Address										
				Number and Stre	et					
E-Mail Address	City		State or Count	ry		Zip Code				
Applying to the College	of Graduate Studies for a	admission to	a program lea	ding to:						
Master of Education in	School Counseling			· ·						
_	☐ Mental Health Counsel									
	Mental Health Counsel	ing - Dual Licer	nse							
	Student Affairs Couns	eling								
Certificate of Advanced	Graduate Study (CAGS) in M	ental Health Co	ounseling							
Post Master's in School (Counseling Pre K-8 or	□ 5-12								
		_								
Family Educational Rights Bridgewater State Univers recommendations for adm	ity, to review your education	onal records.	The Act further	provides that ye	ou may waive y	our right to see	-			
☐ waive ☐	do not waive any right of	access to this	s recommendat	ion						
Signature			Date							
TO BE COMPLETED BY	THE RESPONDENT									
The person whose name a assist the department and				of Graduate St	udies. Your ev	aluation of the a	pplicant will			
	known the applicant and in		_							
i. How long have your	and in	what capaci	ıy:							
II. In comparison with	others you have taught or	worked with.	please rate the	applicant on the	factors below	using the followi	ng scale:			
•	Outstanding - Upper 5%	,	3. Good - U			5. Below Ave	-			
2. V	ery Good - Upper 10%		4. Average -	Upper 50%		6. No basis fo	or judgement			
		1	2	3	4	5	6			
A. Breadth of general kno	wledge									
B. Emotional maturity						+				
C. Initiative										
D. Perseverance										
E. Written communication										
F. Oral communication sk				1						
G. Ability to analyze a pro solution	bblem and formulate a									
H. Independence										
I. Potential for success in	chosen specialization									

∕ Please check	< the category	below which most accura	ately represents the ann	icant's ability to su	ccessfully complete the	<u>.</u>
′. Please check degree progra	the category am and becor	below which most accura ne an effective counselor:	itely represents the app	icant's ability to su	ccessfully complete the	3
/. Please check degree progra	am and becor	below which most accura ne an effective counselor: Highly recommended)
/. Please check degree progra	am and becor	ne an effective counselor:	i 3		but with reservation	•
degree progra	am and becor 1 2	me an effective counselor: Highly recommended	3 4	Recommended, Not recommend	but with reservation	
degree progra	am and becon 1 2	me an effective counselor: Highly recommended Recommended	3 4	_ Recommended, _ Not recommend Date	but with reservation	
degree progra ature e (please print)	am and becon 1 2	me an effective counselor: Highly recommended Recommended	3 4	_ Recommended, _ Not recommend Date	but with reservation	
degree progra ature e (please print)	am and becon 1 2	me an effective counselor: Highly recommended Recommended	3 4	_ Recommended, _ Not recommend Date	but with reservation	
degree progra	am and becon 1 2	me an effective counselor: Highly recommended Recommended	3 4	_ Recommended, _ Not recommend Date Position	but with reservation	

III. Please write a statement indicating the applicant's outstanding strengths and weaknesses, as they relate to his or her capacity to

College of Graduate Studies Maxwell Library, Room 019 Bridgewater State University Bridgewater, MA 02325