



MHS in Addictions Studies-  
Concentration in Addictions  
Counseling

Confidential Recommendation

Name of Applicant: Last First Middle Previous name(s)

By signing this form, I waive my rights to review this document. Only recommendations from clinical supervisors, internship supervisors, faculty or staff, other than from the Department of Addictions Studies and Behavioral Health, and past or present employers will be accepted. Recommendations from places of employment must be from a manager or supervisor.

Signature of Applicant Date

To the Recommender

The above person is applying for admission to the Addictions Counseling Concentration in the MHS Addictions Studies program. We are interested in obtaining all information you think would be helpful in assessing this applicant's qualifications for admission. Consistent with the Family Rights and Privacy Act of 1974 this form will not become part of the permanent student record and will not be available to the applicant.

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

Please note: Recommendations from friends, relatives, co-workers/colleagues, or ASBH faculty/staff will not be accepted.

Describe the applicant's strengths in relation to his/her scholarly and clinical potential.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In what areas will this applicant need to strengthen skills or abilities?

\_\_\_\_\_  
\_\_\_\_\_

Overall Recommendations

\_\_\_\_ 4 Strongly Recommend \_\_\_\_ 3 Recommend \_\_\_\_ 2 Hesitant to Recommend \_\_\_\_ 1 Do not Recommend

Signature of Recommender Date

Name of Recommender Position

Institution/Employer Telephone

Address Email

Be sure to complete the back of this form

Please return to:

Department of Addictions Studies, Room G124  
Governors State University  
1 University Parkway  
University Park, IL 60484

Please rate the candidate in comparison to other individuals whom you have known in a similar capacity on the following characteristics:

**Proficiency in Clinical Work**

Superior     Above Average     Satisfactory     Needs Improvement     No Basis for Judgment

Comments \_\_\_\_\_

**Ability to Work with Others/Exchange Ideas**

Superior     Above Average     Satisfactory     Needs Improvement     No Basis for Judgment

Comments \_\_\_\_\_

**Written Expression**

Superior     Above Average     Satisfactory     Needs Improvement     No Basis for Judgment

Comments \_\_\_\_\_

**Oral Communication**

Superior     Above Average     Satisfactory     Needs Improvement     No Basis for Judgment

Comments \_\_\_\_\_

**Involvement in Professional Activities**

Superior     Above Average     Satisfactory     Needs Improvement     No Basis for Judgment

Comments \_\_\_\_\_

**Perseverance in Pursuing Goals**

Superior     Above Average     Satisfactory     Needs Improvement     No Basis for Judgment

Comments \_\_\_\_\_

**Intellectual Curiosity**

Superior     Above Average     Satisfactory     Needs Improvement     No Basis for Judgment

Comments \_\_\_\_\_

**Ability to Handle Difficult Situations**

Superior     Above Average     Satisfactory     Needs Improvement     No Basis for Judgment

Comments \_\_\_\_\_

**Overall/Additional Comments:**

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