

## PERSONAL REFERENCE FORM

Post-Master's School Counseling Certification Division of Psychology and Counseling

**To the applicant:** Please complete the top portion of this form and then deliver it to a person who is acquainted with your academic program and/or with your professional experience.

| Name of Applica | nt:  |       |        |  |  |
|-----------------|------|-------|--------|--|--|
|                 | Last | First | Middle |  |  |
| Address:        |      |       |        |  |  |
| Email:          |      |       |        |  |  |

The Family Educational Rights and Privacy Act of 1974 allows students to inspect their educational records. The law also permits the student to waive his/her right to inspect letters of recommendation. By signing below, you waive your right to read this letter of reference.

Signature of Applicant

Date

Please Print or Type Name: \_\_\_\_\_

**To the person completing this form:** The person named above is applying for admission to a post master's certification program in the Division of Psychology and Counseling at Governors State University. Please complete this form, place it in an envelope, sign your name across the sealed flap, and return it to the applicant as soon as possible.

Please rate the applicant on each of the areas below using the following scale: 5 =outstanding, 4 =very good, 3 =good, 2 =fair, 1 =poor.

|  | 5 | 4 | 3 | 2 | 1 | N/A |
|--|---|---|---|---|---|-----|
| Ability to accept criticism                              |   |   |   |   |   |     |
| Ability to be flexible in thinking                       |   |   |   |   |   |     |
| Ability to express ideas clearly                         |   |   |   |   |   |     |
| Ability to interact with people                          |   |   |   |   |   |     |
| Ability to adapt to new ideas                            |   |   |   |   |   |     |
| Ability to engage in self-exploration                    |   |   |   |   |   |     |
| Ability to maintain academic/<br>professional commitment |   |   |   |   |   |     |

- 1. How long have you known the applicant and in what capacity?
- 2. What are the principle strengths of the applicant?

3. What are the primary limitations of the applicant?

4. Please provide your overall impression of the applicant's ability to be successful in a post master's certification program.

| 5           | 4         | 3    | 2    | 1    |
|-------------|-----------|------|------|------|
| Outstanding | Very Good | Good | Fair | Poor |
|             |           |      |      |      |

5. Additional Comments:

\_\_\_\_\_

Name of person filling out this form (please print):

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

Position/title: \_\_\_\_\_

Address: \_\_\_\_\_