

RECOMMENDATION FORM

DePauw University Counseling Services Practicum Training Program

To be completed by Applicant:

Applicant's Name (please print): _____

Note: Please indicate below to your evaluator whether or not you waive or retain your right of access to this recommendation. Waiving access is not required by DePauw University Counseling Services.

I retain my right of access

I waive my right of access

Applicant's Signature

Recommender: Please submit to: Mrs. Heather Woodall, Office Manager, DePauw University Counseling Services, Buehler Health and Wellness Suites, 1 East Olive, Lilly Center, 2033 Greencastle, IN 46135, email: heatherwoodall@depauw.edu, or fax (765) 658-4554

Name of Recommender: _____ Position: _____

In what capacities have you known the applicant? _____

Please share your opinion of this applicant with us. For each of the attributes listed below, use the following scale to rate this applicant and check the appropriate descriptor.

0 = cannot judge

1 = inadequate
2 = adequate

3 = good
4 = very good

5 = excellent
6 = outstanding

	0	1	2	3	4	5	6
Openness to feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hard-working/engaged in his/her/their training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team player/collaborates/works well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time management/punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written and oral skills/expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic therapy skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the remaining space to comment on your impression of what it is like to work with this student, their potential for clinical practicum, and areas that you consider strengths or areas of concern. Thank you for completing this recommendation!

Signature _____ Date _____