Reference Form

Applicant Full Name:

Type of reference:  □ Personal  □ Professional  □ Academic  □ Administrative

_The following sections should be completed by the referent_

We appreciate your assistance in helping us to evaluate this applicant’s potential as a counselor.

In addition to checking the ratings boxes, please comment on the applicant’s strengths and weaknesses regarding the following areas:

Emotional stability and temperament
  □ Poor  □ Fair  □ Good  □ Excellent

Ability to form and sustain relationships
  □ Poor  □ Fair  □ Good  □ Excellent

Personal characteristics including poise, voice, grooming, and etc.
  □ Poor  □ Fair  □ Good  □ Excellent

Capacity to accept persons whose interests and values are unlike his/her own
  □ Poor  □ Fair  □ Good  □ Excellent

Effectiveness of communication
  □ Poor  □ Fair  □ Good  □ Excellent

Potential as a counselor
  □ Poor  □ Fair  □ Good  □ Excellent

_Additional Comments:_

_Signature:_

_Printed Name:_

_Position/Title:_

_Phone Number:_

_Email:_