

RECOMMENDATION FOR ADMISSION UNA COUNSELOR EDUCATION PROGRAM

Directions to Applicant: Please use this form to obtain recommendations from current or former supervisors or instructors.

This recommendation is confidential to the extent permitted by law.

_____ I hereby waive my right of access to any information contained in the recommendation below.

Applicant's Name (please print or type) _____

Applicant's Signature: _____ Date: _____

Directions to Reference: Please complete this recommendation form and return it to the address given below. Thank you for your assistance. Please rate the applicant in comparison with other persons who have worked for or with you, according to the following scale:

4 = Excellent Highest 10%	3 = Good	2 = Fair	1 = Poor Lowest 25%	NA – Not applicable Haven't Observed
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	4	3	2	1	NA
<u>Commitment</u> – works to accomplish goals of organization, energetic, does more than necessary, strives to excel.	☐	☐	☐	☐	☐
<u>Dependability/responsibility</u> – punctual, low absenteeism, completes assigned tasks when due.	☐	☐	☐	☐	☐
<u>Competence</u> – performs effectively, desires to learn, recognizes limitations.	☐	☐	☐	☐	☐
<u>Communication</u> – uses good writing and speaking skills.	☐	☐	☐	☐	☐
<u>Cooperation</u> – works well with others, good human relationship skills.	☐	☐	☐	☐	☐
<u>Flexibility</u> – willing to adjust and change plans, if necessary.	☐	☐	☐	☐	☐
<u>Regard for others</u> – communicates concern and respect for others, respects differences in others.	☐	☐	☐	☐	☐
<u>Tolerance for stress</u> – shows courage during trying circumstances, remains calm during stressful times.	☐	☐	☐	☐	☐
<u>Self-discipline</u> – ability to manage time, skills, and energy.	☐	☐	☐	☐	☐
<u>Self-directed</u> – minimum direction needed.	☐	☐	☐	☐	☐

Relationship to applicant (e.g., supervisor, instructor): _____

Length of association with applicant: _____

Dates of most consistent contact with applicant: _____

Additional comments: _____

Reference's Name (please print or type)

Signature

Position

Date

Address

City

State

Zip Code

Please mail to:

Paula Hailey, CAP-OM
 Administrative Assistant
 Department of Counselor Education
 UNA Box 5107
 Florence, AL 35632-0001