

Recommendation Letter Form for the SJSU Department of Counselor Education

Re: _____

The above named applicant is applying for admission to the graduate program in the Department of Counselor Education at San Jose State University. The applicant feels that you are a person who can assist us in assessing his/her qualifications as they relate to this professional objective.

Please answer all questions and return this completed form directly to the Department of Counselor Education so that we may process this applicant's admission materials.

Your cooperation is greatly appreciated and your responses will be held in confidence. (All records, including recommendations, are kept by the University in accordance with the requirements of the Family Educational Rights and Privacy Act of 1974, which allows students access to their records [P.L. 93-380, Sec 513]).

1. How long have you known the applicant? _____
2. In what capacity? _____
3. Type of supervision/relationship: *(Describe the focus and extent of supervision and the setting where supervision took place.)*
4. Please rate the applicant, 1 (low) to 5 (high), on each of the following areas:
 - _____ A. Success/effectiveness in working with professional associates
 - _____ B. Effectiveness in working with children
 - _____ C. Effectiveness in working with youth
 - _____ D. Effectiveness in working with adults
 - _____ E. Poise and personal appearance (minimizing the stereotypes)
 - _____ F. Emotional balance and maturity
 - _____ G. Demonstrated promise of professional growth
 - _____ H. Ability to adapt
 - _____ I. Ability to change (self)
 - _____ J. Ability to initiate change

- | | |
|-----------------------|----------------|
| | |
| Evaluator's Name | Position Title |
| Organization/Setting: | |
| Address: | |
| Phone #: | |
| | |
| Evaluator's Signature | Date |

Return to: **San José State University**
Department of Counselor Education
One Washington Square
San Jose, CA 95192-007