

# Recommendation Letter for the Department of Counselor Education

Re: \_\_\_\_\_ SSN: \_\_\_\_\_

The above named applicant is applying for admission to the Graduate Study in the Department of Counselor Education. 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 reply 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, person's skill in handling various students, personal dynamics, etc. Also include the setting where supervision took place*):

4. Your evaluation of the applicant's performance and experience in relation to the above areas.

5. Please rate 1 (high) to 5 (low), and comment on each of the following

- \_\_\_\_\_ 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. Demonstration promise of professional growth.
- \_\_\_\_\_ H. Ability to adapt.
- \_\_\_\_\_ I. Ability to change (self)
- \_\_\_\_\_ J. Ability to initiate change.

6. Additional specifics (behavioral), observations or comments that you think may assist the applicant as well as our consideration.

\_\_\_\_\_  
(Print Your Name)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

Position \_\_\_\_\_

Setting: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**Return To: San Jose State University  
Department of Counselor Education  
One Washington Square  
San Jose, CA 95192-0073**