

Eastern Michigan University
Department of Leadership and Counseling
Counseling Program

Recommendation Form

The applicant below has requested admission to a program leading to a graduate-level degree. Your response to this inquiry will assist the COUN Program's Faculty Review Committee in assessing the academic ability, work experience and communication skills of the applicant. The Program faculty feel that these are important items to be considered, along with other data, in predicting the potential professional success of persons who counsel in a variety of settings. Your candid appraisal of the applicant's characteristics is vital to the faculty's evaluation and subsequent decisions.

Applicant's name: First (Middle Initial) Last _____

Degree Sought: _____

Student #: E D.O.B.: / /

It is my request that this reference be kept confidential. The writer should understand that I will not have access to his or her evaluation. I waive the rights personally to inspect my references. I also certify that this appraisal is or has served in a supervisory relationship to me.

Signature of Candidate _____

Date _____

Please compare the applicant to other professionals you have supervised or trained. If lacking basis for judgment, please ignore row.

Skill	Top 10% (1)	Next 15% (2)	Mid 50% (3)	Next 15% (4)	Low 10% (5)
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in multicultural setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the individuals aptitude for professional counseling.

Please add any additional comments which you feel will enhance the assessment of the applicant's characteristics on the back of this sheet.

Name (signature) _____

Date _____

Educational System or Institution _____

Position _____

Address _____

In what capacity have you worked with the candidate? _____

How long have you worked with the candidate? _____

Please return this form to:

Office of Admissions, P.O. Box 970, Eastern Michigan University,
 Ypsilanti, MI 48197 • Ph: (734) 487-3400 • Fax: (734) 487-6559