

Recommendation Form

For Graduate Psychology Program

STUDENT INFO

| | | | |
|--------------|--|-----------------------|--|
| <i>Date:</i> | | <i>Relevant Term:</i> | |
| <i>Name:</i> | | <i>Student ID#:</i> | |

Program Applying to: Counseling Psychology School Psychology Forensic Psychology

Check one of the following statements and sign below:

- I waive the right to view this recommendation in my file at the University of Houston-Victoria.
 I do not waive the right to view this recommendation in my file at the University of Houston-Victoria.
 Rather, I wish to retain the right to view this recommendation.

Signature of applicant _____ Date _____

TO BE COMPLETED BY THE REFERENCE:

1. In what capacity have you known the applicant? _____
2. How long have you known the applicant (check one):
 Less than a year 1 year 2-5 years 5 or more years
3. Please rate the applicant relative to other employees or students you have known.
 (Below circle the rating number that applies)
 4= Exceptional, Top 10% 3= Above Average, Top 25% 2= Average, Top 50%
 1= Below Average, Lower 50% 0= Not enough information in this area to rate

RATING AREA

| Shows a pattern of responsibility (including dependability and accepting responsibility for mistakes) | 4 | 3 | 2 | 1 | 0 |
|---|---|---|---|---|---|
| Shows a pattern of respect for others and sensitivity to others | 4 | 3 | 2 | 1 | 0 |
| Utilizes adequate interpersonal skills in relation to others | 4 | 3 | 2 | 1 | 0 |
| Shows a pattern of integrity and honesty | 4 | 3 | 2 | 1 | 0 |
| Shows a pattern of good personal hygiene, grooming and clean attire | 4 | 3 | 2 | 1 | 0 |
| Shows ability and potential to function as a professional in mental health setting | 4 | 3 | 2 | 1 | 0 |
| Oral Communication Skills | 4 | 3 | 2 | 1 | 0 |
| Written Communication Skills | 4 | 3 | 2 | 1 | 0 |

4. What is your overall recommendation? Please rate the candidate below and attach your letter of recommendation.
 Strongly recommended
 Recommended
 Recommend with reservations (please explain on back of form)
 Do not recommend (please explain on back of form)

Signature of Reference _____

Date _____

Name of Reference (please type or print) _____

Position and Institution/ Organization _____

Email or Business address _____