REFERENCES

NAME OF APPLICANT: _____

Three professional or academic references commenting on your clinical experience and potential are required.

Kindly have each person complete a Recommendation Form and sent it directly to us.

We will need to receive the form by _____.

RECOMMENDATION FORM

Thank you for agreeing to recommend the above applicant to The SKY Center's Family Therapy Training Program. We will consider your recommendation as part of our applicant screening process.

Please rate the applicant by circling a number on the scale: 4 = Exceptional (Top 10%); 3 = Good (Top 25%); 2 = Average; 1 = Poor (bottom 25%); DK = Don't know.

4	3	2	1	DK	Warmth
4	3	2	1	DK	Curiosity
4	3	2	1	DK	Creativity
4	3	2	1	DK	Sense of humor
4	3	2	1	DK	Self-awareness
4	3	2	1	DK	Leadership qualities
4	3	2	1	DK	Appearance of self-confidence
4	3	2	1	DK	Ability to express self directly
4	3	2	1	DK	Overall interpersonal skills
4	3	2	1	DK	Contentedness in personal relationships
4	3	2	1	DK	Receptivity to constructive criticism
4	3	2	1	DK	Ability to perceive others accurately
4	3	2	1	DK	Ability to accept other's opinions and values
4	3	2	1	DK	Ability to complete tasks on schedule
4	3	2	1	DK	Potential for success in a demanding training program

How long and in what capacity have you known the applicant?

What are the applicant's greatest personal and professional strengths?

What areas can you see for his/her professional development?

Would you refer a friend or family member to the applicant for counseling once his or her education is completed?

Other comments?

May we contact you for further information? Yes No

Name of Reference: _____ Phone: _____

Mailing Address:

_____

_____

Email Address:

_____