

LOUISIANA STATE UNIVERSITY IN SHREVEPORT

Department of Psychology
 One University Place
 Shreveport, Louisiana 71115
 (313) 797-5044

~Master of Science in Counseling Psychology Request for Reference~

Under the provision of the Family Educational Rights Act of 1974, this applicant (if admitted and enrolled) will have access to information provided below unless he/she has waived such access.

(Applicant completes this section)

Name of Applicant _____

(Optional) *I hereby waive my right to access to the material recorded below.*

 Signature of Applicant

 Date

The applicant should provide three references, one of which should be from a faculty member and the others preferably from an employer and/or supervisor. Respondents should mail this form to the:
Department of Psychology, Louisiana State University in Shreveport
One University Place, Shreveport, Louisiana 71115.

To the respondent: May we have your judgment of this candidate's qualifications and potential; the candidate's intellectual ability and motivation; the quality of previous work in which you have observed his performance; his/her character and personality; and his promise as a candidate for a professional training program in counseling. ***I would compare the applicant with other students of the same level as follows:***

Characteristics	Exceptional	Above Average	Average	Below Average	No Opportunity to Observe
Intellectual Ability					
Communicative Skill: <i>Oral</i>					
	<i>Written</i>				
Academic preparation					
Maturity					
Teaching Ability					
Work Habits					
Creativity					
Emotional Stability					
Ability to Work Cooperatively					
Dependability					

What would you list as the applicant's strongest characteristics? _____

What would you list as the applicant's weakest characteristics? _____

Based on our overall rating above, do you think this applicant has the potential for success as a counselor? _____

If not, why?

To your knowledge has this person been in any mental, physical, or legal difficulties? _____

If so, please describe briefly: _____

Please use the reverse side to elaborate on those traits which differentiate this person from other individuals. If the respondent wishes, please feel free to supplement this reference form with a formal letter of reference.

I have know the applicant for approximately _____ years in my capacity as his/her _____

Respondent's Signature *Title* *Date*

Typed or Printed Name: _____

Address _____
