LOUISIANA STATE UNIVERSITY IN SHREVEPORT

DEPARTMENT OF PSYCHOLOGY

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

~Master of Science in Counseling 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.

have decess to information provided below diffess negline has warved sacin decess.					
(Applicant completes this section)					
Name of Applicant					
(Optional) I hereby waive my right to access	to the material recorded below.				
Signature of Applicant	Date				
preferably from an employer and/or superviso Department of Psycho	s, one of which should be from a faculty member and the others or. Respondents should mail this form to the: ology, Louisiana State University in Shreveport ity Place, Shreveport, Louisiana 71115.				

<u>To the respondent:</u> May we have your judgment of this candidate's qualifications and potential; the candidate's intellectual ability and motivation; the quality of pervious 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: <u>ORAL</u>					
<u>Written</u>					
ACADEMIC PREPARATION					
MATURITY					
TEACHING ABILITY					
WORK HABITS					
CREATIVITY					
EMOTIONAL STABILITY					
Ability to Work Cooperatively					

Revised: 2015/11/19

	DEPENDABILITY						
Wha	t would you list as the	e applicant's str	ongest char	acteristics?			
Wha	t would you list as the	e applicant's we	akest chara	cteristics?			
Base coun	d on our overall ratin selor?	g above, do you	think this	applicant ha	as the potent	tial for success	
If no	t, why?						
•	our knowledge has th please describe brief	-	n any ment	al, physical	, or legal di	fficulties?	
Pl	ease use the reverse side respondent wishes, p	to elaborate on th	ose traits whi	ch differentia	te this person	from other indiv rmal letter of refe	iduals. If the rence.
I hav	e known the applicar	nt for approxima	itely	_ years in m	ny capacity	as his or her (st	tate
relati	onship)		·				
Resp	ondent's Signature		Title	e	Date	·	
Туре	ed or Printed Name:_						

Revised: 2015/11/19