

**LOUISIANA STATE UNIVERSITY IN SHREVEPORT**

**DEPARTMENT OF PSYCHOLOGY**

*One University Place  
Shreveport, Louisiana 71115  
(318) 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.

*(Applicant completes this section)*

**Name of Applicant** \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

The applicant should provide at least two references, including one from a faculty member and the other(s) preferably from an employer and/or supervisor. An applicant's references should email forms/letters as attachments directly to [msc@lsus.edu](mailto:msc@lsus.edu).

**To the respondent:** Please rate the applicant's qualifications compared to other students at the same level, regarding his/her promise as a candidate for a professional training program in school psychology.

CHARACTERISTICS	EXCEPTIONAL	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	No Opportunity to Observe
Intellectual Ability					
Communicative Skills: <i><u>ORAL</u></i>					
<i><u>WRITTEN</u></i>					
Academic Preparation					
Maturity					
Teaching Ability					
Work Habits					
Creativity					
Emotional Stability					
Ability to Work Cooperatively					
Dependability					

What are the applicant's strongest characteristics?

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What are the applicant's weakest characteristics?

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Based on your ratings above, do you think this applicant has the potential for success as a counselor?  
If not, why? \_\_\_\_\_

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To your knowledge has this person been in mental, physical, or legal difficulties? Describe.

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*Please feel free to supplement this reference form with a formal letter of reference if you would like to elaborate on those qualities which differentiate this person from other individuals.*

I have known the applicant for approximately \_\_\_\_\_ years in my capacity as his or her  
(state relationship) \_\_\_\_\_ .

\_\_\_\_\_  
**Respondent's Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

Typed or Printed Name: \_\_\_\_\_

Email Address & Phone: \_\_\_\_\_