

SUPERVISOR/COUNSELOR RECOMMENDATION

For Application to the IU Southeast M.S. Degree Program in Counseling

_____ has applied for admission to the clinical portion of the M.S. in Counseling at the School of Education, Indiana University Southeast. Your evaluation of the applicant's ability to be successful in this program will greatly facilitate the work of the admissions committee.

This recommendation letter will be placed in the applicant's counseling admission file. Because of federal legislation giving students access to educational records, the School of Education cannot guarantee the confidentiality of your statement unless the applicant has signed the waiver below.

APPLICANT'S WAIVER OF RIGHTS OF ACCESS TO CONFIDENTIAL STATEMENT:

I hereby freely and voluntarily waive my rights of access to any information contained in this recommendation form and agree that the statement shall remain confidential.

Signature of Applicant _____
Date

Applicant name (printed) and e-mail address:

How long have you known this applicant? _____ years

What is the nature of your relationship? _____

Please circle the point in the scale that is most appropriate for this candidate.

IT IS ESSENTIAL THAT YOU COMPLETE ALL ITEMS

Open to new ideas	6	5	4	3	2	1	Unlikely to consider new ideas
Sees changes as opportunity	6	5	4	3	2	1	Dislikes change
Strong leader of peers	6	5	4	3	2	1	Follower
Organized, gets things done	6	5	4	3	2	1	Disorganized, accomplishes little
Assertive	6	5	4	3	2	1	Submissive or aggressive
Manages stress well	6	5	4	3	2	1	Frequently stresses out
Relates well to children	6	5	4	3	2	1	More comfortable with adults
Positive attitude	6	5	4	3	2	1	Negative attitude
Knowledgeable about schools	6	5	4	3	2	1	Uninformed about schools
Advocates for children	6	5	4	3	2	1	Is passive observer
Excellent oral communication	6	5	4	3	2	1	Poor oral communication
Excellent written communication	6	5	4	3	2	1	Effective written communication

Summary

High potential for becoming
excellent school counselor

6 5 4 3 2 1

Uncertain potential for becoming
excellent school counselor

BELOW PLEASE MAKE A BRIEF STATEMENT ABOUT THE POTENTIAL OF THIS APPLICANT TO BECOME AN EFFECTIVE SCHOOL COUNSELOR. (Or you may write a separate letter and attach it if you prefer, although this is not necessary.)

Signature _____ Date _____

Position _____ Institution _____

Address _____

Phone _____ E-mail: _____

Send forms to: Dr. Mary C. Bradley, School of Education, Indiana University Southeast, 4201 Grant Line Road, New Albany, IN 47150 by April 1.