

**Recommendation Form for Graduate Counselor Education Program**

**STUDENT INFO**

Name:	Relevant Term:
Date:	Student ID:

Program applying to:                  Professional School Counseling                  Clinical Mental Health Counseling

Check one of the following statements and sign below:

- I waive the right to view this recommendation in my file at the University of Houston-Victoria
- I do not waive the right to view this recommendation in my file at the University of Houston-Victoria. Rather, I wish to retain the right to view this recommendation.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY THE REFERENCE**

- In what capacity have you known the applicant?
- How long have you known the applicant (check one):  
 Less than a year     1 year     2-5 years     5 or more years
- Please rate the applicant relative to other employees or students you have known.  
 (Below, select the rating number that applies)  
 4 = Exceptional, Top 10%    3 = Above Average, Top 25%    2 = Average, Top 50%  
 1 = Below Average, Lower 50%    0 = Not enough information in this area to rate

RATING AREA	0	1	2	3	4
Shows a pattern of responsibility (i.e. dependability and accepting responsibility for mistakes)					
Shows a pattern of respect and sensitivity for others					
Utilizes adequate interpersonal skills in relation to others					
Demonstrates ability to receive feedback					
Demonstrates ability to work with diverse groups and populations					
Shows ability and potential to function as a professional in mental health setting					
Oral Communication Skills					
Written Communication Skills					

- What is your overall recommendation? Please rate the candidate below. Additional comments may be added to page 2.  
 Strongly recommended  
 Recommended  
 Recommend with reservations (Please explain on page 2 of form.)  
 Do not recommend (Please explain on page 2 of form.)

Signature of Reference \_\_\_\_\_ Date \_\_\_\_\_

Print (or type) Name of Reference \_\_\_\_\_

Position and Institution/Organization \_\_\_\_\_ Email or Business Address \_\_\_\_\_

Mail this form along any additional letter to:  
  
**University of Houston-Victoria**  
**School of Education, HP&HD**  
**Education Preparation Office**  
**3007 N. Ben Wilson**  
**Victoria, TX 77901-5731**  
 Or email to [educertanalyst@uhv.edu](mailto:educertanalyst@uhv.edu)  
 Or fax to 361-580-5580



**School of Education, Health Professions, & Human Development**  
**3007 N. Ben Wilson, Victoria, TX 77901 Fax 361-580-5580**

Additional information & comments may be included below.