

UHV – Recommendation Form for Graduate Counselor Education Program

Student Information

Name: _____ Date: _____

Relevant Term: _____ Student ID: _____

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. I wish to retain the right to view this recommendation.

Signature of Applicant _____ Date: _____

To Be Completed by the Reference (circle one)

1. In what capacity have you known this applicant?

- a. Student
- b. Employee
- c. Coworker
- d. Other

2. How long have you known this applicant?

- a. Less than one year
- b. 1 year
- c. 2-5 years
- d. 5 or more years

Rating Area

Please rate the applicant relative to other employees or students you have known by selecting the rating number that applies.

4 Exceptional

3 Above Average

2 Average

1 Below Average

0 Not enough information in this area to rate

Applicant:

___ Shows a pattern or responsibility (i.e., dependability and accepting responsibility)

___ Shows a pattern of respect and sensitivity to 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 a mental health setting
- Utilizes oral communication skills
- Demonstrates written communication skills

What is your overall recommendation? Please rate the candidate below

- Strongly Recommended
- Recommended
- Do Not Recommend

Additional Comments

Signature of Reference Date

Print (or type) Name of Reference

Position and Institution/Organization

Please email this form to: educertanalyst@uhv.edu