



Masters of Education: Counselor Education

RECOMMENDATION FORM

PLEASE PRINT OR TYPE

The individual whose name appears below has applied for admission to the Counselor Education Program at Augusta State University. We will appreciate your frank answers to the questions on this form. Do not include information that might indicate the individual's race, color, national origin, citizenship status, religion, creed, age, disability, gender (unless by the individual's name it is obvious), sexual orientation, marital status, or status with regard to public assistance. In compliance with Section 504 of the Rehabilitation Act of 1973, we discourage you from referring directly or indirectly to an applicant's handicap.

Name of Applicant _____

1. How long and under what circumstances have you known the applicant? _____

2. A. Please rate the applicant on the characteristics listed below.
 B. What reference group are you using in these comparisons? (e.g., "all students ever known") _____

	Below Average	Average	Somewhat Above Average	Good	Outstanding	Truly Exceptional	Not Observed
	Lowest 40%	Middle 20%	Next 15%	Next 15%	Highest 10%		
Clarity of goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort with emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in class/group discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to meet deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to profit from suggestions and constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class/ work attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please make some additional statements concern the applicant's capacity for graduate study leading to a Master of Education degree in Counselor Education.

a. Strengths

b. Weakness or Areas of Concerns

4. I Recommend the Applicant:

- With Enthusiasm
- Without Reservations
- With Reservations
- Not at all

You may attach a letter if you wish to provide additional information.

Name of the individual completing this form:
Position / Title:
College / Organization:
Address:
Telephone Number:
Email :
Signature:

Please mail this form to:

*Coordinator of Graduate Admissions
 College of Education
 Augusta State University
 2500 Walton Way
 Augusta, GA 30904-2200*