

SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE
Counseling Services

Practicum Program Recommendation Form

Part A. To be Completed by Applicant

Print Applicant's Name: _____
Last First Middle

I agree that the recommendation I am requesting shall be held in confidence by the staff of Southern Illinois University Edwardsville Counseling Services, and I hereby waive any rights I have to examine it.

- Yes
- No

Signature of Applicant: _____

Date: _____

Part B. To be Completed by Recommender

Please provide a reference letter highlighting the following: how long you have known the applicant and in what capacity, academic ability, professional potential, interpersonal skills, character, clinical skills (if observed), and the applicant's strengths and weakness.

Summary Evaluation

Please use the following form to indicate your opinion of the applicant's skills and abilities as compared to students in the same field who have approximately the same amount of experience and education.

	Exceptional	Above Average	Average	Below Average	Poor	Inadequate Opportunity To Observe
Scholastic Ability						
Interpersonal Skills						
Maturity and Openness						
Self-Awareness						
Confidence						
Written Communication						
Oral Communication						
Dependability						
Potential as a Therapist						

Please indicate your overall endorsement:

- Highly Recommended
- Recommended
- Recommended with Some Reservations
- Not Recommended

Recommender's Signature: _____

Printed Name: _____

Title: _____

Department or Institution: _____

Please complete this form and return it in a signed, sealed envelope to:

ATTN: Practicum Coordinator
SIUE Counseling Services
Box 1154
Edwardsville, IL 62026-1154

For more information please call 618/650-2842