Recommendation Form: School Counseling

To the Applicant
Complete the following items and forward this form to the individual who will provide your reference. To expedite the processing of your application, you may wish to include a pre-addressed, stamped envelope: This form is only required for School Counseling applicants.

Applicant’s Name: _______________________________________________________________________
LAST     FIRST     MIDDLE
Mailing Address: _________________________________________________________________________
NUMBER AND STREET
CITY AND COUNTY     STATE AND COUNTRY    ZIP/POSTAL CODE

I hereby release Loyola University Maryland and its agents and employees from liability in connection with investigating and evaluating my application for admission. I further release from liability all parties providing information, in good faith, concerning my qualifications in connection with my application.

Applicant’s Signature: ___________________________ Date: ____________________________

To the Person Completing this Form

The person named above is applying for admission to a Graduate Program in School Counseling at Loyola University Maryland. The Admission Committee finds candid evaluations helpful in choosing from among highly qualified candidates.

Notice about confidentiality: Under Public Law 93-380, the Family Educational Rights and Privacy Act, applicants for admission do not have access to their records unless and until they enroll at Loyola University Maryland. To ensure confidentiality of information within the spirit of the law, the University will use this form for the purpose of admission only. The professional reference, and any other subjective supplementary statements sent on the applicant’s behalf, will be destroyed before his/her matriculation at Loyola. Your comments are valuable. The appraisal of the applicant will greatly assist the Admission Committee in reaching a decision in his/her best interest.

When you complete this recommendation form, please place the form and any additional pages in an envelope with your letterhead on it. Sign your name across the sealed flap of the envelope and return it to: Loyola University Maryland, Office of Graduate Admission, 2034 Greenspring Dr., Lutherville-Timonium, MD 21093

Name: ______________________________________________________________________________
DR./MR./MRS./MS.
Title/Position: _______________________________________________________________________
Company/Position: _____________________________________________________________________
Address: ____________________________________________________________________________
NUMBER AND STREET
CITY      STATE    COUNTRY    ZIP/POSTAL CODE
Telephone: ___________________________ E-mail: ___________________________
Background Information

Professional Relationship with Applicant:

How long have you known this applicant? Dates: from _____ to ______ length of time ______________________

___Student under my supervision   ___Teacher under my supervision
___Employee under my supervision   ___Other

If applicant is a former employee, please state his/her reason for leaving:

_____________________________________________________________________________________________

Evaluation

Please comment on whatever you think is important about the applicant, including a description of professional, academic and/or personal characteristics.

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

Ratings: Professional School Counselor Qualification Characteristics

Meets others with ease:
Almost Always _____ Most of the time_____ Sometimes____ Rarely_____ No Basis____

Exhibits tact in difficult situations:
Almost Always _____ Most of the time_____ Sometimes____ Rarely_____ No Basis____

Shows strong leadership skills:
Almost Always _____ Most of the time_____ Sometimes____ Rarely_____ No Basis____

Demonstrates a sense of humor and flexibility in dealing with others:
Almost Always _____ Most of the time_____ Sometimes____ Rarely_____ No Basis____

Initiates new ideas or concepts in achieving a comprehensive program of professional services:
Almost Always _____ Most of the time_____ Sometimes____ Rarely_____ No Basis____

Is competent and could implement new developments:
Almost Always _____ Most of the time_____ Sometimes____ Rarely_____ No Basis____

Exhibits maturity in working with students, parents and others:
Almost Always _____ Most of the time_____ Sometimes____ Rarely_____ No Basis____

Is conscientious and dependable:
Almost Always _____ Most of the time_____ Sometimes____ Rarely_____ No Basis____
Demonstrates mature judgment and a high degree of professionalism:
Almost Always_____ Most of the time_____ Sometimes_____ Rarely_____ No Basis_____

Is well liked by others who seek this person’s assistance willingly:
Almost Always_____ Most of the time_____ Sometimes_____ Rarely_____ No Basis_____

Organizes plans for implementing professional goals on both long range and a daily basis:
Almost Always_____ Most of the time_____ Sometimes_____ Rarely_____ No Basis_____

Shows evidence of a willingness to continue their professional growth:
Almost Always_____ Most of the time_____ Sometimes_____ Rarely_____ No Basis_____

Is trusted by others:  Almost Always_____ Most of the time_____ Sometimes_____ Rarely_____ No Basis_____

Demonstrates emotional maturity:
Almost Always_____ Most of the time_____ Sometimes_____ Rarely_____ No Basis_____

Communicates clearly and effectively both orally and in writing:
Almost Always_____ Most of the time_____ Sometimes_____ Rarely_____ No Basis_____

Is able to form effective and culturally relevant interpersonal relationships with others (individual and small groups):
Almost Always_____ Most of the time_____ Sometimes_____ Rarely_____ No Basis_____

How would you evaluate this person as a prospective professional school counselor?
___ A most desirable future professional school counselor
___ A desirable future professional school counselor
___ An acceptable future professional school counselor
___ Not desired as a future professional school counselor

Signature: ___________________________________________  Date __________________________________________________________________