

COUNSELOR EDUCATION PROGRAM

Department of Educational Leadership and Counseling

SAM HOUSTON STATE UNIVERSITY

Doctoral Degree Applicant

Reference Evaluation Form

Name of Applicant: _____

Confidential Reference: This information will not be shared with the applicant.

Please mail directly to: Center for Research and Counselor Education
 Department of Educational Leadership and Counseling
 P. O. Box 2119, SHSU Station
 Huntsville, Texas 77341-2119

The above named person has applied to the doctoral program in Counselor Education at Sam Houston State University and has asked that you supply the information requested below.

1. Your personal knowledge of the applicant. (Please check all that apply.):

- I have _____ supervised the applicant as an employee.
- _____ served as the applicant's professor.
- _____ known the applicant only as a friend.
- _____ worked with the applicant as a colleague.
- _____ other _____.

	Excellent	Good	Average	Low	Unknown
2. Academic Potential:					
Ability in written expression					
Ability in oral expression					
Dependability					
Initiative					
Knowledge of human growth and development					
Perseverance					
Research capacity					
3. Professional Experience:					
Activity within the profession					
Communication skills with people					
General competence					

3. Professional Experience (continued)	Excellent	Good	Average	Low	Unknown
Relates well and has confidence of staff and fellow workers					
Professional attitude					
Professional service reputation					
Openness to innovation					
Open minded and rational when dealing with problems					
Teaching/counseling reputation					
4. Personal Characteristics:					
Free of annoying mannerisms					
Level of emotional stability and/or physical health					
Perceived as open and approachable by others					
Willingness to accept diversity					

If this person were certified/licensed and seeking a position as a counselor, which of the following would most nearly characterize your reaction to his/her application? (Please check one)

- _____ 1. Consider as a top candidate
- _____ 2. Consider seriously but solicit other applications
- _____ 3. Consider a last resort only
- _____ 4. Reject as completely unsuitable

Remarks: _____

If you need additional space for remarks, please use another page and staple to this form.

Date: _____ Signature: _____

Please print name: _____

Position: _____

Telephone Number: _____

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