

TO BE COMPLETED BY THE APPLICANT

Applicant's Name _____
Last First Middle

Pursuant to the Family Educational Rights and Privacy Act of 1974, applicants to PBA – Graduate Programs may either waive or reserve their right to see this confidential evaluation after it has been completed. Please indicate your choice below before submitting this form to be completed.

- I waive the right to see this evaluation form after it has been completed.
- I reserve the right to see this evaluation form after it has been completed.

Signature Date

In compliance with Section 504 of the Rehabilitation Act of 1973, the person providing a letter of recommendation is asked not to refer directly or indirectly to the applicant's handicap or physical disability.

TO BE COMPLETED BY THE RECOMMENDER

To the Recommender: In considering applicants to the Master of Science in Counseling Psychology degree program, particular emphasis is placed on the comments from people with whom the applicant is personally acquainted. We appreciate the difficulty of furnishing meaningful and candid appraisals, and we are very grateful for your contribution to our admission process. The Graduate Admission Committee typically finds that a recommendation which presents a balanced view of an applicant's abilities and other attributes is most helpful to the applicant and to the committee. This form is intended to help you present information about the applicant. Please supplement it in whatever way you feel is appropriate.

Recommender's Name _____

Position or Title _____ Phone () _____

Organization _____

Address _____

How long have you known the applicant? _____

In what relationship? _____

Please list the areas of applicant's greatest strength and his/her potential to contribute to the field of counseling.

Please list any areas of weakness which you believe could preclude the applicant from successfully completing the Master of Science in Counseling Psychology.

Do you feel graduate study in counseling psychology is appropriate for the applicant at this time? Why?

RATINGS OF ABILITIES AND KNOWLEDGE

Use the following rating scale to indicate your assessment of the applicant's abilities, skills and knowledge.

- 9 - 10 Exceptional abilities and/or potential
- 7 - 8 Very high abilities and/or potential
- 4 - 6 Moderate to average abilities and/or potential
- 2 - 3 Below average abilities and/or potential
- 0 - 1 Very poor abilities and/or potential
- NA Not aware of abilities in described area

- _____ 1. Integrity — honesty, moral character
- _____ 2. Leadership — competence, self-confidence
- _____ 3. Empathy — sensitivity to the needs of others
- _____ 4. Interpersonal Relationships — cooperation, attitudes toward supervision, rapport
- _____ 5. Spiritual Commitment — genuineness and depth of commitment
- _____ 6. Work Habits — perseverance, resourcefulness, initiative
- _____ 7. Reliability and dependability
- _____ 8. Ability to work with fellow employees
- _____ 9. Written communication skills
- _____ 10. Oral communication skills, both in groups and with individuals
- _____ 11. Commitment to the chosen profession
- _____ 12. Overall potential as a graduate student
- _____ 13. Potential for effective professional service
- _____ 14. *Ability to motivate students
- _____ 15. *Ability to conceptualize and identify student and classroom problems

**School Guidance Track Only.*

- I *strongly* recommend that this student be admitted to the Master of Science in Counseling Psychology program.
- I recommend that this student be admitted to the Master of Science in Counseling Psychology program.
- I recommend with some reservation that this student be admitted to the Master of Science in Counseling Psychology program.

My reservations are:

- I do not recommend that this student be admitted to the Master of Science in Counseling Psychology program.

Signature

Date

Please sign and return to:

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 Evening, Graduate and Professional Admission
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