

## RECOMMENDATION FOR ADMISSION UNA COUNSELOR EDUCATION PROGRAM

**Directions to Applicant:** Please use this form to obtain recommendations from current or former supervisors or instructors.

This recommendation is confidential to the extent permitted by law.

\_\_\_\_\_ I hereby waive my right of access to any information contained in the recommendation below.

**Applicant's Name** (please print or type) \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Directions to Reference:** Please complete this recommendation form and return it to the address given below. Thank you for your assistance. Please rate the applicant in comparison with other persons who have worked for or with you, according to the following scale:

4 = Excellent      3 = Good      2 = Fair      1 = Poor      NA – Not applicable  
Highest 10%      Lowest 25%      Haven't Observed

|   | <b>4</b>                 | <b>3</b>                 | <b>2</b>                 | <b>1</b>                 | <b>NA</b>                |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <u>Commitment</u> – works to accomplish goals of organization, energetic, does more than necessary, strives to excel. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Dependability/responsibility</u> – punctual, low absenteeism, completes assigned tasks when due.                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Competence</u> – performs effectively, desires to learn, recognizes limitations.                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Communication</u> – uses good writing and speaking skills.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Cooperation</u> – works well with others, good human relationship skills.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Flexibility</u> – willing to adjust and change plans, if necessary.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Regard for others</u> – communicates concern and respect for others, respects differences in others.               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Tolerance for stress</u> – shows courage during trying circumstances, remains calm during stressful times.         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Self-discipline</u> – ability to manage time, skills, and energy.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Relationship to applicant (e.g., supervisor, instructor): \_\_\_\_\_

Length of association with applicant: \_\_\_\_\_

Dates of most consistent contact with applicant: \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reference's Name (please print or type)

| Signature | Position | Date |
|-----------|----------|------|
|-----------|----------|------|

| Address | City | State | Zip Code |
|---------|------|-------|----------|
|---------|------|-------|----------|

Please mail to:

Kiara Erbe  
6 U Administrative Assistant  
Department of Counselor  
Education UNA Box 5107  
Florence, AL 35632-0001

OR email to: [mgtdg # X Q D H G X](mailto:mgtdg#XQD H G X)