

Please return to the applicant so he/she may send in his/her completed application packet.

Applications are due February 2nd.

**University of West Georgia
Ed.D. in Professional
Counseling and Supervision
Letter of Recommendation Form**

Section 1: This section to be completed by the applicant.

Name of Applicant: _____
Please Type or Print

Under the provisions of the Family Educational Rights and Privacy Act of 1974 (Public Law 93-380), you may decide whether letters of reference written at your request are to be held confidential, or whether they are to be available for your personal inspection. Check one of the following statements, and place your signature in the space provided so that the individual completing this form and Graduate Studies will be advised of your choice.

___ **Confidential.** I waive my right of personal access to this reference and grant permission for this letter of recommendation to be held confidential by the University of West Georgia.

___ **Open File.** I retain the choice of having letters of recommendation available to me.

Signature of Applicant: _____ **Date:** _____

Section 2: Knowledge of the Applicant.

**This section is completed by the person making the recommendation.
Please TYPE or PRINT.**

You have been asked to assess the above person for admission into the Ed.D. program at the University of West Georgia. This is a very competitive program, and your comments will aid us as we make this important decision. If you would like to learn more about the program please consider previewing our website at <http://www.westga.edu/eddpcs/>. We have pasted the mission below, so you can connect your comments to the mission of the program. Please complete the ratings form provided below and if wish you can also submit a written letter addressing the candidate's leadership skills, knowledge of his/her field, dispositions, and overall academic and/or professional record.

As you complete this form, keep the mission of the program in mind:

The Mission of the Professional Counseling and Supervision program (Ed.D.) is to prepare counseling professionals to positively impact their clients and communities of service through effective practices and programs, leadership, and advocacy.

1. How long have you known the applicant? ___ Years ___ Months
 2. How well do you know the applicant professionally? ___ Very Well ___ Well ___ Casually
 3. What is the nature of your relationship? _____
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Section 3. Evaluation

Please rate the applicant in the areas below, keeping in mind the mission of the program. Please explain your rating in the space provided. Your comments are invaluable to the process.

1. The applicant expresses his/her knowledge in the field clearly, both orally and in written form.

____(4) Strongly agree _____(3) Agree _____(2) Disagree _____(1) Strongly disagree _____ Don't know

(Discuss the applicant's academic record and knowledge in his/her field.)

2. The applicant practices counseling and supervision from a model of evidence based practice.

____(4) Strongly agree _____(3) Agree _____(2) Disagree _____(1) Strongly disagree _____ Don't know

(Discuss the applicant's problem solving abilities and work as a change agent in the professional environment.)

3. The applicant hears, interprets, and uses constructive feedback to inform practice.

____(4) Strongly agree _____(3) Agree _____(2) Disagree _____(1) Strongly disagree _____ Don't know

(Discuss the applicant's ability to accept constructive criticism and feedback. An example would be particularly helpful.)

4. The applicant demonstrates the values, commitments and professional ethics necessary to positively impact his or her clients and communities of service, including those who are marginalized and/or underserved.

____(4) Strongly agree _____(3) Agree _____(2) Disagree _____(1) Strongly disagree _____ Don't know

(Discuss how the applicant demonstrates a commitment to fairness, ability to advocate, and direct evidence of leadership ability.)

5. This program is fast paced, fully online, and requires a high degree of internal motivation and persistence to complete. What challenges might this applicant need to confront in order to be successful?

6. Considering the applicant's academic and/or professional record, as well as their ambition and determination, please indicate your recommendation.

____Strongly recommend _____Recommend with Reservation _____ Do not recommend

Additional Comments:

Section 4. Information about Person Providing this Recommendation.

Please seal your completed recommendation form in an envelope (to be provided by the applicant) and sign the flap. Please return the sealed envelope to the applicant. Thank you.

Name: _____

Title: _____ Organization: _____

Address: _____

Telephone: (____) _____ E-mail: _____

Signature: _____ Date: _____

May we contact you if we have additional questions? ____ Yes ____ No
