



# CLINICAL MENTAL HEALTH COUNSELING PROGRAM RECOMMENDATION STATEMENT

## TO BE COMPLETED BY APPLICANT:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Please check the appropriate box concerning your wish to waive or not waive your right of access to this completed form. Your waiver is not required as a condition for admission, receipt of financial aid, or receipt of benefits or other services from Franciscan University of Steubenville.

Waive    Do not waive   Signature: \_\_\_\_\_

## TO BE COMPLETED BY A PERSON IN A POSITION TO EVALUATE APPLICANT'S FITNESS FOR ADMISSION TO THE GRADUATE PROGRAM:

Name: \_\_\_\_\_ Position or Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a Letter of Recommendation (optional).

How do you know the applicant? \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

In responding to this request for information, please keep in mind that the departmental review committee is interested in the applicant's ability to succeed academically in graduate school and the applicant's disposition as it pertains to practice as a clinical mental health professional.

Please rate the applicant in each of the items below, utilizing the rating scale.

(X)- Unable to assess, (0)-Unsatisfactory, (1)-Meets Expectations, (2)-Exceeds Expectations

- |                          |                                   |                                 |
|--------------------------|-----------------------------------|---------------------------------|
| ( ) Academic ability     | ( ) Ability to work independently | ( ) Ability to work with others |
| ( ) Writing ability      | ( ) Emotional maturity            | ( ) Relationship skills         |
| ( ) Oral expression      | ( ) Emotional stability           |                                 |
| ( ) Openness to feedback | ( ) Motivation                    |                                 |

**(OVER)**

**Disposition Section:**

Please rate the applicant on the following dimensions using this scale (Circle your choice):

	Little if any		Average			Extremely Evident		Unable to Rate	
	1	2	3	4	5	6	7	8	?
<b>Respect for:</b>									
Others' Freedom:	1	2	3	4	5	6	7	8	?
Others' Dignity:	1	2	3	4	5	6	7	8	?
Human Difference:	1	2	3	4	5	6	7	8	?
Human Fallibility:	1	2	3	4	5	6	7	8	?
Human Possibility:	1	2	3	4	5	6	7	8	?
Personal Boundaries:	1	2	3	4	5	6	7	8	?
<b>Exhibits:</b>									
Compassion:	1	2	3	4	5	6	7	8	?
Humility:	1	2	3	4	5	6	7	8	?
Warmth:	1	2	3	4	5	6	7	8	?
Relationship Skill:	1	2	3	4	5	6	7	8	?
Self-Understanding:	1	2	3	4	5	6	7	8	?
Tolerance for Ambiguity:	1	2	3	4	5	6	7	8	?
Flexibility:	1	2	3	4	5	6	7	8	?
Appreciation/Gratitude:	1	2	3	4	5	6	7	8	?
Hope:	1	2	3	4	5	6	7	8	?
Creativity:	1	2	3	4	5	6	7	8	?
Acceptance of Responsibility:	1	2	3	4	5	6	7	8	?



**PLEASE RETURN THIS FORM TO THE GRADUATE ADMISSIONS OFFICE.**

**(Scanned email attachments and faxed copies accepted.)**

Franciscan University of Steubenville  
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