



Counselor Education Program
Graduate & Professional Studies
2 College Hill, Westminster, MD 21157-4390
410-857-2500 v/tty Fax 410-857-2515

Applicant Reference Form

To the Candidate: In compliance with the Family Education Act of 1974, check the statement below that best describes your preference for access to this recommendation:

I hereby waive my rights of access to this recommendation.

I do not waive my rights of access to this recommendation.

Candidate's Name: _____ Date: _____

Address: _____ Telephone: _____

_____ E-mail: _____

City: _____ State: _____ Zip: _____

The individual listed above has applied for graduate study in the Counselor Education Program at McDaniel College. Please provide a candid written evaluation of this individual. In your letter, please describe and give examples of the candidate's strengths, level of motivation to complete graduate study, and evidence of his or her professional potential.

Please also complete the chart on **page 2**, rating the candidate on specific skills and characteristics in comparison with peers. Mail or fax your written evaluation and the completed chart along with this cover sheet to the address or number listed above.

Your Signature: _____ Date: _____

Your Name: _____ Telephone: _____

Title/Department/Organization: _____

Address: _____

_____ E-mail: _____

City: _____ State: _____ Zip: _____

Please rate the candidate on the following skills or characteristics in comparison with his or her peers. (Indicate one of the six rating options for each skill/characteristic.)

Skill / Characteristic	Top 5%	Top 10%	Top 25%	Top 50%	Bottom 50%	No opportunity to observe
Written communication						
Oral communication						
Interpersonal skills						
Analytical skills						
Commitment to couns. field						
Personal Growth						
Appreciation of diversity						
Organization						
Initiative						
Integrity/Ethics						

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