



Departmental Recommendation Form - Counseling

NOTICE: Public Law 93-380, the Family Education Rights and Privacy Act of 1974 grants all students the right to inspect and review all letters of recommendation written on/after January 1, 1975, except that a student may waive his/her right to inspect and review letters of recommendation by signing a waiver.

I. TO BE COMPLETED BY APPLICANT:

Applicant's Name _____

Name of Reference _____
(This is the person who will complete Part II below.)

I do ___ do not ___ wish to waive my right of access to this letter of recommendation as provided by Public Law 93-380 to inspect or challenge the content and comments expressed in this letter.

Signature of Applicant

II. TO THE PERSON COMPLETING THE EVALUATION:

Please rate the applicant on the qualities listed below by placing a check mark to the right of those you feel qualified to judge. Use other graduate students or professionals in this field as your standard of comparison. **Please mail this recommendation form to the address listed above.**

	Top 10%	Top 25%	Top 50%	Needs Development	Unable to Judge
Written expression of ideas					
Oral expression of ideas					
Responsibility					
Ability to work effectively with others					
Soundness of judgment					
Initiative					
Emotional stability					
Flexibility					
Respect from peers					
Openness to suggestions					
Social maturity					
Empathic ability					

From your perspective, please rate the applicant's potential as a future professional:

_____ superior _____ above average _____ average _____ below average
not recommended

Please identify how long you have known the applicant and in what capacity:

_____ Year(s), _____ Month(s); _____

Additional Comments:

Reference Name _____

Present Position _____

Address _____

Telephone () _____

Signature _____ Date _____

Please mail recommendation form to: Department of Counseling and Student Development, Eastern Illinois University, 600 Lincoln Avenue, Charleston, IL 61920-3099