

**Career Interest
Select One:**
 School Psy.
 Clinical Psy.

Applicant's name (print) _____

STANDARD RECOMMENDATION FORM:

TO THE APPLICANT: This form should be given to professors who are able to comment on your qualifications for graduate study in psychology. You should not request a recommendation from a nonacademic person unless you have been away from an academic institution for some time. **For the convenience of the person completing this form, you should include a stamped envelope addressed to the appropriate program director whose address is listed on the back of this form.**

Under the federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing recommendations may attach more significance to them if it is known that the recommendations will remain confidential. It is your option to waive your right to access to these recommendations or to decline to do so. Please mark the appropriate phrase below, indicating your choice of option, and sign your name.

I waive my right to review this recommendation. I do not waive my right to review this recommendation.

Date: _____ Applicant's Signature: _____

Date by which this form should reach the applicant's graduates schools: **FEBRUARY 15.**

RECOMMENDATION

1. I have known the applicant for _____ years, _____ months.
2. I know the applicant: _____ slightly _____ fairly well _____ very well
3. I have known the applicant:

<input type="checkbox"/> As an undergraduate student	<input type="checkbox"/> As a teaching assistant
<input type="checkbox"/> As a graduate student	<input type="checkbox"/> As an advisee

Other _____
4. The applicant has taken: none of my classes one of my classes two or more of my classes
5. Indicate the population with whom the applicant is being compared in this rating:

<input type="checkbox"/> Undergraduate students whom I have taught.
<input type="checkbox"/> Graduate students whom I have taught or known.
<input type="checkbox"/> All students, graduate and undergraduate, whom I have taught or known.
<input type="checkbox"/> Colleagues with whom I have worked.
6. Is the applicant's academic potential greater or less than that indicated by his/her grades: Insert an X where appropriate on the scale below.

<input type="checkbox"/> Much less	<input type="checkbox"/> Somewhat less	<input type="checkbox"/> Equal	<input type="checkbox"/> Somewhat greater	<input type="checkbox"/> Much greater	<input type="checkbox"/> No basis for judgment
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7. If the applicant has had research experience, how would you rate his/her research potential?

<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Cannot determine
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8. How would you rate the applicant's potential for clinical work?

<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Cannot determine
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9. Global ratings: Compared to the population indicated in item 5, rate this applicant on each characteristic.

CHARACTERISTIC	Lower 50% Below Average	Upper 50% Average	Upper 25% Above Average	Upper 10% Well Above Average	Upper 5% Outstanding	No Basis for Judgment
Academic Ability						
Oral Expression Skills						
Written Expression Skills						
Emotional Maturity						
Ability to Work with Others						
Leadership Skills						
Persuasive Ability						
Independence and Initiative						
Research Skills						
Potential for Success						

10. Indicate the strength of your overall endorsement of the applicant.

- Do not recommend
 Recommend with some reservations
 Recommend
 Highly recommend

11. Please attach comments you might have regarding this candidate's potential for graduate school and professional practice. The most important information you can provide about this applicant is information that is not reflected in the applicant's transcript and test scores (i.e., work done outside of class and other characteristics you believe are related to success in graduate school).

Signature of person completing this form _____ Title _____

Name (print) _____

Institution or affiliation _____

Please check to make sure items are completed correctly and return this form to:

School Psychology Applicants:

Dr. Michael Havey
 Graduate Program in School Psychology
 Department of Psychology
 Eastern Illinois University
 600 Lincoln Avenue
 Charleston, IL 61920

Clinical Psychology Applicants:

Dr. Wesley Allan
 Graduate Program in Clinical Psychology
 Department of Psychology
 Eastern Illinois University
 600 Lincoln Avenue
 Charleston, IL 61920