

Reference Report

for
**Counseling and Psychological Professions
Degree Programs**

Complete and return to:

**Graduate Studies Office, McCaskill 102, University of Wisconsin Superior
PO Box 2000, Superior WI 54880-4500**

Voice: 715 394-8295 Fax: 715 394-8040 email: gradstudy@uwsuper.edu Web: <http://www.uwsuper.edu/graduate>

To be completed by the Graduate Student Applicant:

Date	SS/SID#	Check Desired Program <input type="checkbox"/> Counseling <input type="checkbox"/> School Counseling
Name		
Present Address:		Phone
Person Supplying Reference	Name and Title	

Authorization for Waiver: This waiver is not required as a condition of admission to Graduate Studies at the University of Wisconsin-Superior.

I understand my right under the US Family Education Rights and Privacy Act of 1974 to review confidential appraisals placed in my file on or after January 1, 1975 that are submitted with reference to admission to a graduate or other school.

I do () do not () waive my right to review this reference report

Date

Signature of Applicant

To be Completed by the Evaluator:

Please complete this reference report and return it to the Graduate Studies Office at the above address.

How long and in what capacities have you known the applicant? _____

In the space below, please give comments that will provide information on the applicant in terms of talents, abilities, potential, skill in organizing and communicating ideas, seriousness, maturity and stability in the face of prolonged and difficult work, explanation of differences between your opinions and the applicant's test scores, record, etc.

✓ Please indicate your opinion of the applicant in each of the following areas by a check mark on the appropriate line:

	Poor	Average	Good	Outstanding	Inadequate Opportunity to Observe
1 Mastery of the fundamental knowledge of the field of the employment area, or of interpersonal relations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Maturity and emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Drive, enthusiasm, and perseverance toward productive scholarly career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Personality and character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Self-reliance and independence in scholarly work in the field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Creativity, imagination, and originality in professional work in the field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Likelihood of completion of degree program sought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Speaking ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Writing ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Your overall recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date

Evaluator's Name	
Position/Title	
Organization	
Street Address	
City, State, Zip	
Phone Number(s)	Daytime () Evening ()