



Official Recommendation Form Graduate School Counseling Program

Applicant's Name: _____

Recommender's Name: _____

Recommender's Title: _____

School/Organization: _____

Address: _____

Email: _____

Phone: _____

Please rate the applicant in terms of excellence in school counseling.

1. Student centered or people oriented

- 3: Exemplary
- 2: Proficient
- 1: Emerging
- Unable to Judge

6. Commitment to diversity, equity, and social justice

- 3: Exemplary
- 2: Proficient
- 1: Emerging
- Unable to Judge

11. Use of technology

- 3: Exemplary
- 2: Proficient
- 1: Emerging
- Unable to Judge

2. Self-reflective

- 3: Exemplary
- 2: Proficient
- 1: Emerging
- Unable to Judge

7. Written communication skills

- 3: Exemplary
- 2: Proficient
- 1: Emerging
- Unable to Judge

12. Use of data in decision-making

- 3: Exemplary
- 2: Proficient
- 1: Emerging
- Unable to Judge

3. Collaborative, community builder

- 3: Exemplary
- 2: Proficient
- 1: Emerging
- Unable to Judge

8. Oral communication skills

- 3: Exemplary
- 2: Proficient
- 1: Emerging
- Unable to Judge

4. Visionary, strategic planning

- 3: Exemplary
- 2: Proficient
- 1: Emerging
- Unable to Judge

9. Interpersonal skills

- 3: Exemplary
- 2: Proficient
- 1: Emerging
- Unable to Judge

5. Leadership potential

- 3: Exemplary
- 2: Proficient
- 1: Emerging
- Unable to Judge

10. Commitment to professional growth

- 3: Exemplary
- 2: Proficient
- 1: Emerging
- Unable to Judge

Please rate the applicant on the following leadership competency statement:

The applicant has the potential to be a highly effective school counselor.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

Please comment on the applicant's capacity for success as a school counselor:

Signature: _____

Date: _____

Please save this PDF with your responses, and upload it to the link that was sent to you via email.

Feel free to contact us at gradschool@providence.edu with any questions.

Thank you for your time.