

REFERENCE FORM

Counseling and Psychological Services Center

Name of Reference: _____

Agency/Location: _____ Title/Position: _____

Name of Student/Trainee: _____

Have you observed the student listed above perform clinical activities? YES NO

Would any of these activities be considered “therapy”? YES NO

Please explain:

OVERALL ASSESSMENT: (Please circle the appropriate number). Make desired comments in space provided.

	Below Average		Average		Exceptional
1. Possess emotional stability and maturity to handle the rigors of the training experience	1	2	3	4	5
2. Possesses the theoretical/academic foundation necessary for effective counseling/clinical work.	1	2	3	4	5
3. Possesses the skills necessary for translating theory into practice and can be flexible in integrating new ideas.	1	2	3	4	5
4. Demonstrates awareness of and practices according to the current standards of ethics for professionals.	1	2	3	4	5
5. Demonstrates the capacity to participate in supervision constructively and can modify his/her behavior in response to feedback.	1	2	3	4	5
6. Can build relationships with clients using what are generally considered to be core foundational skills in counseling (e.g. empathy, positive regard, non-judgmental attitude, reflections, verbal following, open-ended questions, etc.)	1	2	3	4	5
7. Can assess, use necessary test, make diagnosis, identify problems, move toward goals, and develop plan of treatment.	1	2	3	4	5
8. Self-awareness of strengths and weaknesses.	1	2	3	4	5
9. Has time-management skills, is punctual and meets deadlines regularly.	1	2	3	4	5

Please briefly describe the student's clinical strengths:

Please briefly describe the student's areas for growth/improvement:

Comments:

Return Reference Forms:

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