

# 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.

	<b>Below</b>				
	<b>Average</b>		<b>Average</b>		<b>Exceptional</b>
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:**

By mail: Sammi Brown, M.A., LCMHCA, NCC  
Counseling and Psychological Services Center  
Appalachian State University  
ASU Box 32044  
Boone, NC 28608  
(828) 262-3180

or by email: [brownsa12@appstate.edu](mailto:brownsa12@appstate.edu)