Department of Counseling & School Psychology
College of Education
San Diego State University
San Diego, CA 92182-1179

MARRIAGE, FAMILY, AND CHILD COUNSELING
LETTER OF RECOMMENDATION

Applicant_____
Last Name First Name Middle Initial

Address_____
Street City State Zip Code

The above named applicant has asked that you write a statement concerning her/his aptitude for graduate study in the Marriage, Family, and Child Counseling program in the Department of Counseling & School Psychology, San Diego State University. The Admissions Committee is aware of the time and care necessary to prepare this evaluation and gratefully acknowledges your assistance.

Under the provisions of the Education Rights and Privacy Act of 1974, the applicant must be granted access to all papers on files unless this right has be waived.

Prospective Student must sign either A or B:

A. **CONFIDENTIAL:** The contents of this statement remain confidential. I waive my rights to see this recommendation.

_____
Signature

B. **NOT CONFIDENTIAL:** The contents of this statement are not confidential. I do not wish to waive my rights to see this recommendation.

_____
Signature

INSTRUCTIONS FOR RETURNING RECOMMENDATION: The appraiser is to return the Letter of Recommendation Form to the applicant who will include the Recommendation Form in the application package that is presented to the Department of Counseling & School Psychology. If the student has signed CONFIDENTIAL, then the appraiser should signature the sealed envelope flap and the applicant is to return the Recommendation Form in an unopened envelope.

	Below Average	Average	Above Average	Far Above Average	No Basis For Judgement
Intellectual Ability	_____	_____	_____	_____	_____
Interpersonal Relationships	_____	_____	_____	_____	_____
Multicultural Perspective	_____	_____	_____	_____	_____
Leadership Skills	_____	_____	_____	_____	_____
Writing Skills	_____	_____	_____	_____	_____
Oral Skills	_____	_____	_____	_____	_____
Motivation to do Graduate Work	_____	_____	_____	_____	_____

PLEASE ANSWER THE FOLLOWING ON A SEPERATE SHEET OF PAPER

The admissions committee would appreciate an evaluation and recommendation in you own words. We have included some suggestive topics. Please do not feel limited by them.

a. length of time you have known the candidate,
b. circumstances under which you have known the candidate,
c. what you consider to be the candidate's most outstanding talents or characteristics,
d. what you see as the candidate's chief liabilities,
e. what potential you see for the candidate's success in the Marriage, Family, and Child Counseling Master's degree program,
f. what potential you see for the candidate's success as a Marriage, Family, and Child counselor.

(over)

OVERALL EVALUATION OF THE CANDIDATE:

_____Outstanding candidate _____Strong candidate _____Average candidate
_____Fair candidate _____Poor candidate

Please Print: (Respondent)

Last Name	First Name		Middle Initial
Address	City	State	Zip Code
Home Phone (optional)		Work Phone (optional)	
Signature of Respondent			Date