

**Application Deadlines:**

Fall – June 1<sup>st</sup>

Spring – October 1<sup>st</sup>

**APPLICANT RATING/REFERENCE SHEET**  
**Counselor Education Program Application**  
**This information will not be shared with the counseling candidate.**

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Applicant's Contact Phone Number \_\_\_\_\_ Applicant's email: \_\_\_\_\_

Rater: \_\_\_\_\_ Position: \_\_\_\_\_  
 Rater: Knows applicant personally \_\_\_\_\_ As a professional supervisor \_\_\_\_\_  
 As member of an organization \_\_\_\_\_ As a co-worker \_\_\_\_\_  
 I have known the applicant for about \_\_\_\_\_ years

Please rate the candidate upon factors below by checking the number which most accurately reflects your observations:

	Excellent 5	Strong 4	Average 3	Weak 2	Poor 1
<b>Ability to</b>					
1. Manage commitments responsibly					
2. Take appropriate initiative					
3. Accept and use suggestions in positive way					
4. Perform with appropriate independence					
5. Maintain openness and flexibility					
6. Remain objective					
7. Interact appropriately with staff					
8. Relate appropriately with clients					
9. Communicate ideas effectively in writing					
10. Communicate ideas effectively orally					
11. Act in accordance with ethical standards					
12. Handle stress appropriately					
13. Analyze and synthesize data					
14. Maintain adequate boundaries					
<b>Demonstrate Personal Characteristics</b>					
15. Self awareness and self-understanding					
16. Emotional stability					
17. Self control					
18. Sense of adequacy, self worth					
19. Sense of self-confidence					
20. Tactful with others					
21. Values diversity					
22. Possesses appropriate empathy					
23. Acknowledges abilities and limitations					
24. Has personal growth/self care agenda					
<b>Potential</b>					
25. As a professional staff member					
26. Ready to work with clients	Independent	Minimal supervision	Average supervision	Intense supervision	Not ready
27. Other					

Notes:

Rater's signature: \_\_\_\_\_ Candidate's signature: \_\_\_\_\_

Please return form to:  
 University of Houston- Clear Lake, School of Education Counseling Program, 2700 Bay Area Blvd., Box 188, Houston, TX 77058