This form, along with a written letter of recommendation, should be mailed to:

Western Illinois University – Quad Cities
Department of Counselor Education
3300 River Drive
Room 2427
Moline, IL 61265-5881

RECOMMENDATION FORM FOR
APPLICATION TO THE DEPARTMENT
OF COUNSELOR EDUCATION
WESTERN ILLINOIS UNIVERSITY

RE: _______________________________________
(Applicant’s Name – Please Print)

NOTICE: Public Law 93-380, the Family Education Rights and Privacy Act of 1974 grants all students the right to inspect and review all of their official educational records. This right extends to letters of recommendation written on/after January 1, 1975, except that a student may waive his/her right to inspect and review letters of recommendation by signing a waiver.

WAIVER FORM: I, ___________________________ the undersigned, hereby waive any right or privilege provided by Public Law 93-380 to inspect or challenge the content and comments expressed in this letter of recommendation. I expect that the observations made shall remain confidential between the writer and the person, agency or organization to whom any credential may be addressed.

Date: __________________________
Student’s Signature: _____________________________

PLEASE NOTE THAT IF AN APPLICANT SIGNS ON THE ABOVE WAIVER LINE, HE OR SHE IS WAIVING THE RIGHT TO SEE THE COMPLETED REFERENCE FORM AND IT MUST COME TO THE DEPARTMENT DIRECTLY FROM THE PERSON DOING THE RECOMMENDATION – NOT THE PERSON APPLYING TO THE DEPARTMENT OF COUNSELOR EDUCATION.

I give permission for this recommendation to be used as part of an application for the Department of Counselor Education’s academic programs.

Applicant Please Sign: ______________________________________________________

I give permission for this recommendation to be used as a part of an application for a Graduate Assistantship in addition to the Department of Counselor Education’s academic programs.

Applicant Please Initial: Yes _____ No ______

Name of Person Providing Recommendation: ______________________________________

Please Print
To Whom It May Concern: This person has applied for admission to the Department of Counselor Education at WIU. We are concerned about the personal characteristics of the applicant because of the impact of these qualities on the educational process of all students and on the counseling process. We would appreciate your honest appraisal about the applicant’s appropriateness to enter a counseling program.

<table>
<thead>
<tr>
<th>Written expression of ideas</th>
<th>Top 10% Outstanding</th>
<th>Next 20% Above Average</th>
<th>Middle 40% Average</th>
<th>Bottom 30% Below Average Needs Development</th>
<th>Unable to Judge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral expression of ideas</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responsibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to work collaboratively with others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soundness of judgment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional stability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flexibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to work with people of diverse cultures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to receive constructive criticism</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to respect differences</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to listen and empathize</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

From your perspective, please rate the applicant’s potential as a future counseling professional:

superior above average average below average/not recommended

Please identify how long you have known the applicant: ____________ Year(s), ____________ Month(s)

Please identify the capacity in which you know the applicant (must qualify as one of the options listed):

_____ current/former professor
_____ current/recent direct supervisor

Recommendation Name: ____________________________________________

Present Position: ______________________________________________

Address: ______________________________________________________

Telephone: _____________________________________________________

Signature: _____________________________________________________ Date: ___________________

Please include a professional letter of recommendation in addition to this form summarizing your appraisal of the applicant’s potential to be an effective counselor and if indicated, an effective graduate assistant (including your perception of the applicant’s work ethic, skills and abilities, and a rating of their potential to be a successful Graduate Assistant [superior-above average-average-below average/not recommended]).

NOTE: References must be from professionals familiar with the applicants academic and work capabilities (current/former professors and/or current/recent direct supervisors). References from others, including family, friends, clergy, and co-workers, will not be accepted.

Rev. 8.14.14