

DOCTORAL PROGRAM IN CLINICAL PSYCHOLOGY RECOMMENDATION FORM

To the Student: Please complete Section One and print the name of the person making the recommendation in Section Two. Then give form to the individual to complete and return to you in a sealed envelope, signed across the seal. Include these letters with your application materials. SECTION ONE: STUDENT IDENTIFICATION AND RELEASE Student Name: _ SS#:_ Last Name (Please print.) ☐ I waive my right to review of this recommendation. ☐ I do not waive my right to review this recommendation. Student's Signature Date Under the Federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing recommendations may attach more significance to them if it is known that the recommendations will remain confidential. It is your option to waive your right to access to these recommendations or to decline to do so. Please indicate your choice of option, and sign your name. SECTION TWO: KNOWLEDGE OF APPLICANT Respondent Name: . Institution: Last Name (Please print.) First Name Middle Initial This student is applying for admission to the Clinical Psychology Doctoral Program of Roosevelt University. Please either circle the responses below or write your comments on the reverse of this form. 1. Approximately how long have you known the applicant? _____years ____months 2. How well do you feel you know the applicant? \square only slightly \square fairly well \square very well 3. In what capacity have you known the applicant? (Check all that apply.) undergraduate student in one class ☐ graduate student advisee ☐ undergraduate student in more than one class ☐ colleague employee ☐ teaching or research assistant If other basis, please specify ___

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SECTION THREE: RATING OF SPECIFIC CHARACTERISTICS

 With which group are you comparing the Undergraduate psychology major First-year graduate students in psychologists 	☐ College seniors ☐ Master's level psychologists ☐ Other (specify)						
2. Please rate the applicant on each of the group you indicated.	e following char	acteristics, in	comparison with	the reference	ce		
Characteristics (Mark each one.)	Truly Exceptional	Very Good	Adequate	Weak	Unable To Judge		
Ability to work closely with others							
Ability to work independently							
Ability to work with supervisors							
Abstract thinking							
Academic ability							
Capacity to handle stress							
Capacity for objective evaluation of self							
Conscientiousness							
Creative, innovative thinking							
Emotional maturity							
Empathic capacity							
Energy level							
General knowledge							
Maturity of judgment							
Motivation							
Open-mindedness							
Oral expression							
Written expression							
Research skills							
Teaching skills							
Professional commitment	П	П	П	П	П		

SECTION FOUR: PERSONALITY CHARACTERISTICS

1. Please provide your subjective impressions of the following personality characteristics that might influence the applicant's ability to function in the clinical role. Use the scale provided.

	Probably Not	Possibly Yes	Minor	Definitely Yes Minor Moderate Significant		Unable To Judge		
Anxious, fearful								
Dependent								
Hostile, angry								
Impulsive, hasty								
Low self-esteem								
Manipulative								
Overly sensitive to criticism								
Pushy, aggressive								
Shy, seclusive								
Other (specify)								
 In your opinion, is the presence of any of the above traits likely to interfere with the applicant's clinical functioning? (check one) Definitely Not Probably Not Possibly Yes Yes, Minor Yes, Significant 								

SECTION FIVE: OVERALL EVALUATION

1. What do you consider to be the major weakness or limitation of this applicant?

SECTION FIVE: OVERALL EVALUATION (Continued)

2.	Some talented individuals have mediocre scholastic index of his or her intellectual ability? (check one): If no, explain briefly.			nt's scholastic record an accur □ Don't Know	ate	
3.	Summary rating - please check one alternative: My strongest recommendation, which I provide to I strongly endorse this student without reservation I generally endorse this student. I have concerns about this student. I have significant concerns about this student.	•	ew students			
4.	. In an attached letter, please elaborate on the intellectual or personality assets and liabilities which would inflence the applicant's training and practice in professional psychology.					
Sig	gnature of Respondent		Date	2		
Na	ame, printed or typed		Dep	artment		
Tit	ile					
	stitution and address					
En	nail address_					

Please return this recommendation form to the student in a sealed envelope, signed across the seal.

Roosevelt University has been committed from its inception to a policy on non-discrimination. No person shall be discriminated against regarding admission because of age, ancestry, citizenship, color, creed, disability, gender, gender identity, marital status, military status, national origin, parental status, race, religion, sexual orientation, source of income, unfavorable discharge from military service, veteran status, or as a result of being the victim of domestic or sexual violence in its programs and activities.