

Alfred University

THE GRADUATE SCHOOL

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CERTIFICATE OF ADVANCED STUDY IN MENTAL HEALTH COUNSELING APPLICANT EVALUATION FORM

Applicant: Fill in your name, and give this form to your supervisor or another professional who is familiar with your work as a counselor. Please type or print clearly in ink.

Name of Applicant (please print) _____
Last First Middle

If you agree to waive your right under the Family Education Rights and Privacy Act of 1974 to review specific and composite letters of recommendation, please sign here.

Applicant's Signature _____ Date _____

Name of Reference (please print) _____

Position _____

Professional Address _____

Phone _____ Email _____

Supervisor: Please rate the applicant on each of the following areas.

No Basis		Below Average	Average	Good (above average)	Excellent (well above average)	Outstanding (Top 10%)
	Level of current counseling skills.					
	Knowledge of counseling theories and techniques.					
	Integrity, honesty, trustworthiness.					
	Intellectual ability.					
	Work habits, stability.					
	Interpersonal/human relations skills.					
	Potential for growth.					
	Ability to maintain confidentiality.					

To the best of your knowledge:

No Basis		YES	NO	If no, please explain. Use back of form if necessary.
	Applicant is of good moral character.			
	Applicant is psychologically & emotionally stable.			
	Applicant has no record of sexual misconduct with clients.			
	Applicant has no record of counseling malpractice.			
	Applicant has been cleared to work with children through the NY State Education Department.			
	Applicant has never been convicted of a felony.			

Do you have any reservations about the applicant's appropriateness for licensing as a mental health counselor? ____ Yes ____ No
 If yes, please elaborate using the back of this form.

Signature _____ Date _____