

**Final Field/Internship Placement at Austin Child Guidance Center
Recommendation Form**

Student is applying for (check all that apply):

Clinical Counseling Placement *Infant Early Childhood Placement*

Name of Applicant:

Date:

Name of Reference:

Title:

Contact Information of Reference:

Relationship to applicant:

Please rate applicant in the following areas with 10 as outstanding and 1 as unacceptable and provide comments as well as complete the back portion of the reference form.

Academic Performance/Abilities:

1 2 3 4 5 6 7 8 9 10

Comments:

Openness to Learning:

1 2 3 4 5 6 7 8 9 10

Comments:

Willingness to Participate in Class:

1 2 3 4 5 6 7 8 9 10

Comments:

Takes Initiative to Learn and Complete Assignments:

1 2 3 4 5 6 7 8 9 10

Comments:

Ability to Manage Conflict in a Professional/Appropriate Manner:

1 2 3 4 5 6 7 8 9 10

Comments:

(OVER)

Assessment of Clinical Skills and Ability to Work with Children/Families:

1 2 3 4 5 6 7 8 9 10

Comments:

Utilizes Supervision Effectively for Consultation by Taking Initiative, Coming Prepared and Taking Risks

1 2 3 4 5 6 7 8 9 10

Comments:

Follows Ethical Guidelines and Initiates Discussion Regarding Ethical Dilemmas

1 2 3 4 5 6 7 8 9 10

Comments:

Skill in Managing Multiple Demands and Time in Workplace, Including Deadlines

1 2 3 4 5 6 7 8 9 10

Comments:

Ability to Work Effectively with Challenging Client Populations, Including Crisis Situations

1 2 3 4 5 6 7 8 9 10

Comments:

Please provide information regarding your assessment of the student's strengths and potential fit with the Austin Child Guidance Center. Attach separate sheet or letter, if necessary.

State specifically any concerns that you have.

Signature of Reference
Please return via the student or email to:
internships@austinchildguidance.org

Date