



## Final Field Placement at Austin Child Guidance Center Recommendation Form

Name of Applicant:

Date:

Name of Reference:

Title:

Email address of Reference:

Phone:

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:

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

1      2      3      4      5      6      7      8      9      10

Comments:

(OVER)

**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**

\_\_\_\_\_  
**Date**

**Please return via the student or mail/fax/email by April 2, 2018 to:**

Andrea Ciceri, LCSW  
Coordinator, Off-Site Services  
810 W. 45<sup>th</sup> St.  
Austin, Texas 78751  
512.451.2242  
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