Phone: (512) 451-2242; Fax: Fax: (512) 454-9204

www.austinchildguidance.org

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

Name of Applicant:	Date: Title: Relationship to applicant:					
Name of Reference:						
Contact info of Reference:						
Please rate applicant in the fol well as complete the back por				anding aı	nd 1 as un	nacceptable and provide comments as
Academic Performance/Abil 1 2 3 4 Comments:	lities: 5	6	7	8	9	10
Openness to Learning: 1 2 3 4 Comments:	5	6	7	8	9	10
Willingness to Participate in 1 2 3 4 Comments:	Class:	6	7	8	9	10
Takes Initiative to Learn and 1 2 3 4 Comments:	d Complet 5	e Assigni 6	ments: 7	8	9	10
Ability to Manage Conflict is 1 2 3 4 Comments:	n a Profess 5	sional/Ap 6	opropriat 7	e Manne 8	e <b>r:</b> 9	10
Assessment of Clinical Skills 1 2 3 4 Comments:	s and Abili	ty to Wo	rk with (	Children 8	/ <b>Families</b> 9	<b>:</b> 10
			(OVI	ER)		

Utilize	s Super		ffectivel		ıltatio	n by Tak	ing Initi			ed and Taking Risks
1	2	3	4	5	6	7	8	9	10	
Comm	ents:									
				d Initiates I		_				
l	2	3	4	5	6	7	8	9	10	
Comm	ents:									
Skill in				emands and						
1	2	3	4	5	6	7	8	9	10	
Comm	ents:									
Ability	to Wor	k Effec	tively wi	ith Challeng	ging C	lient Pop	ulations	, Includi	ng Crisis Situ	uations
1	2	3	4	5	6	7	8	9	10	
Comm	ents:									
Please	provide	inform	ation re	garding you	ır asso	essment o	of the stu	ident's si	trengths and	potential fit with the
				r. Attach se						-
State s	necifica	llv anv a	concerns	s that you h	ave					
States	респи	ny uny	concern	s that you h						
	ure of R			,	4			Date		
				nt or email	to:					
ıntern	ships@a	austinch	ııldguıd	ance.org						