

## **Austin Child Guidance Center**

810 W. 45th Street, Austin, Texas 78751 Phone: (512) 451-2242; Fax: (512) 454-9204

www.austinchildguidance.org

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

Student is applying for (check all that apply): Clinical Counseling PlacementInfant Ea									arly Childhood Placement		
Name	of Appl	icant:			Date:						
Name	of Refe	rence:			Title:						
Email	address	s of Ref	erence:		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 nents:	3	4	5	6	7	8	9	10		
1	ness to 2 nents:	<b>Learni</b> 3	<b>ng:</b> 4	5	6	7	8	9	10		
1	i <b>gness t</b> 2 nents:	o Parti	cipate i 4	n Class 5	<b>s</b> : 6	7	8	9	10		
1	s Initiati 2 nents:	ve to L	earn an 4	d Com 5	<b>plete A</b> 6	ssignm 7	n <b>ents:</b> 8	9	10		
1	y to Mar 2 nents:	nage C	onflict i 4	in a Pro 5	ofessio 6	n <b>al/Ap</b> p 7	oropriat 8	<b>te Man</b> r 9	<b>ner:</b> 10		
1	ssment 2 nents:	of Clin	ical Ski 4	<b>lls and</b> 5	<b>Ability</b> 6	to Wor 7	k with 8	<b>Childre</b> 9	e <b>n/Families:</b> 10		
Utilizes Supervision Effectively for Consultation by Taking Initiative, Coming Prepared and											
1	<b>g Risks</b> 2 nents:	3	4	5	6	7	8	9	10		



Chief Program Officer 810 W. 45<sup>th</sup> St. Austin, Texas 78751

512.451.2242 or Fax 512.454-9204 Scrosbie@austinchildguidance.org

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Ability to Wo 1 2 Comments:	ork Effec 3	ctively 4	with Ch 5	n <b>allengi</b> 6	ing Clie 7	ent Pop 8	ulation 9	s, Including Crisis Situations 10	
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 specifi	cally an	y conc	erns th	at you	have.				
Signature of							Date		
Please return Seanna Cros			nt or m	ail/fax/	email <mark>t</mark>	y Frida	ay, Marc	<mark>ch 13<sup>th</sup> by 5 pm</mark> to:	