



Educational Counseling Program Recommendation Evaluation

Thank you for agreeing to provide a recommendation for the applicant named below. This evaluation is required as part of the applicant's admission application to the CSUB Educational Counseling Program. Please complete all applicable sections, sign and date the form, and attach the completed evaluation to your reply email to the applicant. You may include any other supporting documents you believe would be helpful; however, the completed recommendation evaluation is required.

Applicant Information

Name of Applicant _____

CSUB ID (if known) _____

Recommendation Evaluation

Please rate the applicant according to the following characteristics. Select one rating for each item. Your comments and any additional supporting documents are welcome.

Evaluation Criteria	Very Promising	Good	Average	Fair	Doubtful
1. Ability to perform graduate-level study	☐	☐	☐	☐	☐
2. Potential for leadership in educational counseling	☐	☐	☐	☐	☐
3. Potential to apply problem-solving and critical-thinking strategies	☐	☐	☐	☐	☐
4. Potential for maintaining effective relationships with colleagues, students, and community members	☐	☐	☐	☐	☐
5. Possession of personality and character traits consistent with the standards of the profession	☐	☐	☐	☐	☐
6. Overall potential as a candidate for placement in a school counseling or college student affairs capacity	☐	☐	☐	☐	☐

Relationship _____

Comments

Recommender Information

Name and Position _____

Email and/or Phone _____

Recommender Signature _____

Date _____