



PERSONAL REFERENCE FORM

School Psychology Program

Division of Psychology and Counseling

To the applicant: Please complete the top portion of this form and then deliver it to a person who is acquainted with your academic program and/or with your professional experience.

Name of Applicant: Last First Middle

Address:

Email:

The Family Educational Rights and Privacy Act of 1974 allows students to inspect their educational records. The law also permits the student to waive his/her right to inspect letters of recommendation. By signing below, you waive your right to read this letter of reference.

Signature of Applicant

Date

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To the person completing this form: The person named above is applying for admission to the School Psychology graduate degree program at Governors State University. Please complete this form, place it in an envelope, sign your name across the sealed flap, and return it to the applicant as soon as possible.

Please rate the applicant on each of the areas below using the following scale: 5 = outstanding (top 5%), 4 = very good (top 15%), 3 = good (top 30%), 2 = fair (top 50%), 1 = poor (bottom 50%), N/A (no opportunity to observe).

Table with 7 columns (5, 4, 3, 2, 1, N/A) and 8 rows of rating categories like 'Ability to accept criticism', 'Emotional maturity', etc.

I am rating this applicant in comparison to the \_\_\_\_\_(number) senior undergraduate students or graduate students I have observed during the past \_\_\_\_\_years.

Please feel free to answer the questions below by writing in the area provided or attaching a separate letter.

1. How long have you known the applicant and in what capacity?

2. What are the principal strengths of the applicant?

3. What are the primary limitations of the applicant?

4. Please provide your overall impression of the applicant's ability to successfully complete the master's and specialist level degree programs:

Outstanding

Very Good

Good

Fair

Poor

5. Additional Comments:

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Signature

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Date

Printed Name: \_\_\_\_\_

Position/title:

Address: