

University of South Dakota - Counseling Program  
**SUPPLEMENTAL COUNSELING RECOMMENDATION**



Name of Applicant: \_\_\_\_\_ Student ID# \_\_\_\_\_  
 or Date of Birth: \_\_\_\_\_

Intended degree objective:  
 Master of Arts  
 Specialist of Education  
 Doctor of Philosophy

Intended specialization objective:  
 School Counseling  
 Clinical Mental Health  
 Counselor Education

**TO THE APPLICANT:**

The Buckley Amendment of the Family Privacy Act allows applicants to inspect and review all materials in their files, except for letters of recommendation written prior to January 1, 1975. Upon its completion and submission, University faculty will utilize this document to evaluate your qualifications to be admitted into the graduate program you have designated. It may also be used to assist in the selection of graduate assistants. Before submitting this form to the person who will be writing your recommendations, please check one of the following statements relative to the confidentiality of your files.

- I **DO** wish to waive my right to see this document.
- I **DO NOT** wish to waive my right to see this document.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**TO THE PERSON MAKING THIS RECOMMENDATION:**

Please evaluate the applicant's qualifications by marking the appropriate column.  
 Check the group to which you are comparing the applicant's abilities:

- Master's Level Graduate Students
- Professional Counselors
- Doctoral Level Graduate Students
- Other (Please specify): \_\_\_\_\_

<b>The applicant is able to:</b>	Superior Top 10%	High Average	Average	Low Average	Insufficient Lower 10%	No Rating
Learn new skills						
Receive and integrate constructive suggestion						
Organize and complete tasks independently						
Complete a rigorous course of graduate study & clinical training						
Form effective interpersonal relationships						
Manage differences of opinion						
Look at issues and concerns from all sides						
Think creatively						
Act professionally and ethically as a counseling professional						
Advocate for the counseling profession						
Work cooperatively with others						
Adapt to variety and change						
Believe in the positive potential of others						
Understand one's strengths and limitations						
Lead others with respect						
Display a sense of humor						
Speak with confidence						
Write with clarity						



1. What are the applicant's major assets, both personally and professionally?

2. What improvements do you see that the applicant would need to make in order to be an effective counselor?

3. Is this applicant the type of person whom you would hire as a counselor in a work setting? Please explain.

ADDITIONALLY, COMPLETE THIS QUESTION IF APPLICANT IS APPLYING FOR THE DOCTORAL PROGRAM.

4. What is the applicant's potential for professional leadership, scholarship, and advocacy within the profession of counseling? Please explain.

Name (Please type/print): \_\_\_\_\_ Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send this form directly via e-mail to [gradadmissions@usd.edu](mailto:gradadmissions@usd.edu) OR to the student in a sealed envelope with your signature across the seal so that the applicant can return it with the completed application, send it to:**

Graduate Admissions  
University of South Dakota  
414 East Clark Street  
Vermillion, SD 57069