

A-State Online Recommendation Form-School Counseling Program

Form must be submitted by the person who is filling out the recommendation for the student and must come from a work email account. Please email to: academicpartnerships@astate.edu.

Key Choices

5 - I Am Very Confident
4 - I Am Somewhat Confident
3 - I'm Not Sure
2 - I Don't Think So
1 - I See A Red Flag In This Area

Student Name:

Student ID Number:

Please rate each from 1 - 5 based on Key Choice Table.

1. School counseling is a good career fit for this applicant.

Comments:

2. This applicant will successfully manage her/his time in an online graduate program.

Comments:

3. This applicant is professional and respectful when interacting with others.

Comments:

4. The applicant actively seeks out professional development and growth.

Comments:

5. The applicant possesses the cultural competence to work with diverse students and their families.

Comments:

6. This applicant will practice ethically and legally in a school setting.

Comments:

Do you see any red flags in this applicant's overall professional disposition or past behavior? Yes/No

Is there anything else you think we should know about this applicant?

Recommender's Name:

Relationship:

Phone Number: