

Supplemental Reference Form for Clinical Psychology

This form is to be completed (in addition to the standard Letter of Recommendation Form) for all students applying to the Clinical Psychology Program.

Name of Applicant: (last): _____ **(first):** _____

Note: Students trained in clinical psychology are required to interact with people on a professional basis in the context of providing assessment services, clinical interviewing, psychotherapy, consultation, and other such activities.

How much personal contact have you had with the applicant (check one)?

- Very little contact (I don't really know the applicant personally)
- A moderate amount of contact (I know the applicant somewhat)
- Significant contact (I know the applicant very well)

Assuming the applicant had the appropriate training and experience, would you recommend that someone you care about be seen by the applicant for clinical services, based on his or her interpersonal skills, intellectual ability, sensitivity, maturity, and other such personal qualities?

- Definitely
- Probably
- Maybe
- Probably not
- Definitely not

If you are familiar with the applicant, please comment on his or her personal qualities that might be relevant to clinical work, as well as his or her potential to develop these qualities. Examples of relevant qualities include sensitivity to others, interpersonal skills, critical thinking skills, maturity, ability to function well under stress, ability to empathize, etc.

Please summarize your opinion about the applicant's suitability for clinical work.

- I have no reservations
- I have mild reservations
- I have serious reservations
- I do not know the applicant well enough to comment

Respondent Information:

Signature: _____ Name: _____

Title: _____ Department: _____

Institution: _____ Date: _____

Please return this form to the applicant in a sealed envelope with your signature along the seal.