

Default Question Block

**M.S. Marriage & Family Therapy Program
University of Wisconsin-Stout**

Recommendation Form

This recommendation will be used by a screening committee for selection purposes of applicants to the M.S. Degree Program in Marriage & Family Therapy at UW-Stout, Menomonie, WI.

Candidate's Name

Please answer the following:

	Very High	High	Moderate	Low	Don't Know
To what degree do you think the candidate possesses academic ability to pursue graduate work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How would you rate the candidate's ability to be self-motivating and assume initiative and responsibility?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To what degree do you think the candidate possesses the personal qualities you would expect in a marriage and family therapist (e.g., warm, empathetic, mature, nonjudgmental, able to tolerate high emotionality, good communication skills)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How would you rate the candidate's ability to be open and supportive of clients who are different than them (e.g., race, sexual orientation, sex, economic class, religion, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How would you rank the candidate's ethical integrity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide the following information:

Name	<input type="text"/>
Date	<input type="text"/>
Address 1	<input type="text"/>
Address 2	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>

Zipcode

Email Address

Phone

Position or Profession

Relationship to candidate

How long have you known the candidate?

How well do you know the candidate?

Very Well

Well

Moderately

Slightly

Attempts to secure ratings on the above scale are sometimes inadequate for a thorough evaluation of the candidate. **Please attach a letter of recommendation** to provide additional observations on your perceptions about this applicant's abilities to successfully complete our graduate program in Couples and Family Therapy.

Letter of recommendation

By clicking below, I agree that I am the individual (who's name appears above) and that the information I provided for the candidate is true and accurate to the best of my knowledge.

I agree

In compliance with the Family Education Rights & Privacy Act of 1974, this document will become a part of a record that is available to the student if he/she requests.

Please click on the "Submit" button below to record your responses.

