

SUPPLEMENTARY CLINICAL REFERENCE

Clinical Program Director - Box 87
Department of Psychology
Middle Tennessee State University
Murfreesboro, TN 37132

_____ has applied for admission to the Master's program in psychology with a clinical emphasis at MTSU. Your name was given as a reference. The applicant agrees that this reference is:

_____ Confidential and waives all rights to access it

_____ Open to inspection by the applicant

(Applicant Signature)

(Date)

Please provide the following information.

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

2. How familiar are you with the applicant's academic potential for graduate study in psychology?

Not familiar Slightly familiar Fairly familiar Very familiar

3. How familiar are you with the applicant's maturity and emotional stability?

Not familiar Slightly familiar Fairly familiar Very familiar

4. How much knowledge of the applicant's behavior in applied clinical settings do you have?

No knowledge Limited knowledge Some knowledge Extensive knowledge

On the following page, please rate the applicant on the specific characteristics.

With which group are you comparing the applicant?

_____ a. Undergraduate psychology majors

_____ b. College seniors

_____ c. Other (specify) _____

| Don't Know | Below Average | Average | Above Average | Superior (Top 10%) |
|------------|---------------|---------|---------------|--------------------|
| DK | 1 | 2 | 3 | 4 |

| | | | | | |
|---|----|---|---|---|---|
| <i>Knowledge of psychology</i> _____ | DK | 1 | 2 | 3 | 4 |
| <i>Motivation and Initiative</i> _____ | DK | 1 | 2 | 3 | 4 |
| <i>Ability to Work with Others</i> _____ | DK | 1 | 2 | 3 | 4 |
| <i>Ability to Work Independently</i> _____ | DK | 1 | 2 | 3 | 4 |
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| Don't Know | Does Not Describe This Person | Somewhat Describes This Person | Describes This Person | Very Much Describes This Person |
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| <i>No problems with alcohol or drugs</i> _____ | DK | 1 | 2 | 3 | 4 |
| <i>Not introverted or shy</i> _____ | DK | 1 | 2 | 3 | 4 |
| <i>Not dependent or approval seeking</i> _____ | DK | 1 | 2 | 3 | 4 |

Please write additional comments below or attach them in a letter and include it with this form.

Definitely Recommend _____

(Signature)

Recommend _____

(Name)

Reluctantly _____

(Position)

Do Not Recommend _____

(Institution)

(Address)

(City) (State) (Zip)

(Telephone)

e-mail address

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