

SUPPLEMENTARY CLINICAL REFERENCE

Send to: College of Graduate Studies
Middle Tennessee State University
MTSU Box 42
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)

Electronic Signature Agreement: This document may be signed manually or electronically. By typing your first and last name in the space above and selecting the "I Accept" button below, you are signing this form electronically. You agree your electronic signature is the legal equivalent of your manual signature on this form.

_____ I Accept



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. Master's level students

_____ d. Other (please specify)

Don't know	Below Average	Average (Top 50%)	Above Average (Top 25%)	Outstanding (Top 10%)	Exceptional (Top 5%)
DK	1	2	3	4	5

<i>Knowledge of psychology</i>	___DK	___1	___2	___3	___4	___5
<i>Motivation and initiative</i>	___DK	___1	___2	___3	___4	___5
<i>Ability to work with others</i>	___DK	___1	___2	___3	___4	___5
<i>Ability to work independently</i>	___DK	___1	___2	___3	___4	___5
<i>Dependability</i>	___DK	___1	___2	___3	___4	___5
<i>Oral expression skills</i>	___DK	___1	___2	___3	___4	___5
<i>Written expression skills</i>	___DK	___1	___2	___3	___4	___5
<i>Research potential</i>	___DK	___1	___2	___3	___4	___5
<i>Emotional maturity</i>	___DK	___1	___2	___3	___4	___5
<i>Emotional stability</i>	___DK	___1	___2	___3	___4	___5
<i>Abstract thinking</i>	___DK	___1	___2	___3	___4	___5

As the applicant is applying for a program with a clinical emphasis, please rate the applicant on the following characteristics. We recognize that students should develop clinical skills as a result of training and experience. Therefore, we are only asking for your personal opinion of this applicant as you know them at this time.

Don't know	Does Not Describe This Person	Somewhat Describes This Person	Describes This Person	Very Much Describes This Person
DK	1	2	3	4

<i>Demonstrates empathy for others</i>	___DK	___1	___2	___3	___4
<i>Demonstrates an understanding of interpersonal relationships</i>	___DK	___1	___2	___3	___4
<i>Is patient</i>	___DK	___1	___2	___3	___4
<i>Is able to delay gratification</i>	___DK	___1	___2	___3	___4
<i>Is trustworthy</i>	___DK	___1	___2	___3	___4
<i>Controls anger and hostility</i>	___DK	___1	___2	___3	___4
<i>Is open and nondefensive</i>	___DK	___1	___2	___3	___4
<i>Is cooperative</i>	___DK	___1	___2	___3	___4
<i>Understands and integrates other points of view</i>	___DK	___1	___2	___3	___4
<i>Learns from experience</i>	___DK	___1	___2	___3	___4
<i>Uses good judgment</i>	___DK	___1	___2	___3	___4
<i>Takes criticism well</i>	___DK	___1	___2	___3	___4
<i>Demonstrates ethical behavior</i>	___DK	___1	___2	___3	___4
<i>Is outgoing</i>	___DK	___1	___2	___3	___4
<i>Is independent</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 _____

Recommend _____

Reluctantly _____

Do Not Recommend _____

(Signature)

(Name)

(Position)

(Institution)

(Address)

(City) (State) (Zip)

() _____
(Telephone)

e-mail address