

Confidential Recommendation on Applicant

Department of Child and Family Development College of Education San Diego State University 5500 Campanile Drive San Diego, CA 92182-4502

Name of Applicant		
Last	First	Middle
TO THE RECOMMENDER: Please give a candid a whether positive or negative, as you have experienced the decision making process, being as specific as poss you for your time and effort in providing this information.	them. Since letters of recommendation ible is greatly appreciated by the Adm	on are a critical component of
Recommender's name		
Title/Company		
Phone		
Email		
1. My relation to the applicant is:		
Academic (e.g., professor, instructor, advisor) Professional (e.g., supervisor, colleague, subord	inate)	
2. Please comment on the applicant's strengths and w	eaknesses.	

3. Do you feel that a mental health program is appropriate for the applicant at this time? Why?

	Unable to Comment	Below average/ lower 35%	Average/ middle 30%	Good/ Top 35%	Very Good/ top 20%	Outstanding/ top 10%	Truly Exceptional top 2%
Intellectual & Analytical Ability							
Maturity							
Leadership Abilities							
Ability to work well with others/Interpersonal Skills							
Written Skills							
Oral/Presentation skills							
Problem-solving abilities							
Self-confidence							
Passion for Early Childhood							
Integrity							
Creativity							
Adaptability							
Clinical Skills							
Cross-Cultural Competence							
5. Describe the peer group professionals)6. We strongly encourage beneficial to the Admissionals	e you to suppl	ement your					
7. I strongly recommend recommend with do not recomme	Master of Science - Child Development with a Concentration in Early Childhood						