

LETTER OF RECOMMENDATION REQUEST

GRAND CANYON UNIVERSITY MASTER OF SCIENCE IN CLINICAL MENTAL HEALTH COUNSELING LETTER OF RECOMMENDATION FORM

Please complete all fields below as indicated. Your thorough comments are appreciated.

The applicant asking you to complete this form is applying for a Grand Canyon University's Master of Science in Clinical Mental Health Counseling program. This Letter of Recommendation is required as part of the admissions process.

GCU Applicant Name Jeff Rutherford

RECOMMENDER INFORMATION

(This form must be completed by a previous/current volunteer or employment supervisor or instructor of the applicant.)

Name Morgan Do

Organization Child's Path

Title Employee Service Manager

Phone 469-803-5655

Email morgan@thechildspath.com

Relationship to Applicant manager

Please answer the questions below as indicated. Please be as thorough as possible.

1. How long have you known the applicant? From 10/11/21 to 10/21/22

2. Please describe the applicant's employment/volunteer and/or academic performance.

Jeff was a full-time Registered Behavior Technician (RBT) during his employment at the Child's Path. As an RBT, Jeff provided 1:1 applied behavior analysis (ABA) therapy for children with autism and other developmental delays ranging in age from 4-16 years old.

3. Please describe the applicant's interpersonal skills and potential for developing effective helping relationships (provide specific examples).

Jeff demonstrated an ability to understand and connect with his clients on an emotional level. He was able to listen actively and respond with compassion and sensitivity. Communication with his clients, peers, and supervisors was clear, respectful, and informative. Jeff demonstrated patience when providing therapy for his clients if they were struggling or had difficulty communicating. Jeff was about to think creatively and find innovative ways to engage with his clients during his therapy sessions by playing music on his guitar.

LETTER OF RECOMMENDATION REQUEST

MASTER OF SCIENCE IN CLINICAL MENTAL HEALTH COUNSELING

PLEASE RATE THE APPLICANT ON THE FOLLOWING COUNSELING SKILL INDICATORS.

	EXCEPTIONAL	OUTSTANDING	VERY GOOD	GOOD	BELOW AVERAGE	UNDECIDED
Motivation Towards Goals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Express Thoughts in Speech & Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity & Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Diversity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Ability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check the appropriate box below:

- ☒ I do recommend this applicant for admission
- ☐ I do not recommend this applicant for admission

By signing below, I am providing my recommendation for the applicant's admission to the Grand Canyon University's Master of Science in Clinical Mental Health Counseling. (By signing this document, you are attesting to the integrity of the information provided).

Print Name

Morgan D

Signature

Date

5/24/2023

Please return this form to the applicant upon completion.