

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 VICTORIA WRIGHT

Organization CHILD'S PATH

Title CLINICAL DIRECTOR / BCBA

Phone 956-454-0722

Email VICTORIA@THECHILDSPATH.COM

Relationship to Applicant FORMER SUPERVISOR

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

1. How long have you known the applicant? WAS MY SUPERVISOR FROM 10/2021 - 10/2022

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

JEFF'S POSITIVE ATTITUDE & COMPASSION FOR HELPING OTHERS WAS A STRENGTH OF HIS. HE ALWAYS WORKED TO IMPROVE HIS SKILLS & ADAPT HIS THERAPY STYLE TO INDIVIDUALIZE PER CLIENT. HIS ENTHUSIASM & PRIDE IN HIS CLIENTS WAS GENUINE & INFECTIOUS. HE ALWAYS SAUGHT FEEDBACK & DID NOT HESITATE TO ASK FOR TRAINING FOR NEW SKILLS.

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

JEFF SHOWED VERY OPEN & HONEST COMMUNICATION WITH HIS SUPERVISORS & PEERS. HE WAS ALWAYS OPEN TO FEEDBACK & RECEPTIVE WHEN LISTENING. HE WAS ALWAYS CONSIDERATE OF OTHERS FEELINGS WHEN APPROACHING DIFFICULT SUBJECTS. HE ~~WAS~~ SHOWED INITIATIVE BY SHARING IDEAS & TECHNIQUES ACROSS CLIENTS.

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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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Diversity	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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

VICTORIA WRIGHT

Signature

Via Wright

Date

05/24/2023

Please return this form to the applicant upon completion.