

**The University of Texas at Austin
Counseling and Mental Health Center**

SW Practice II Faculty Reference Form

Name of Applicant: _____ Date: _____

Name of Reference: _____ Phone: _____

Email Address of Reference: _____

Please rate the applicant in the following areas, with 10 as outstanding and 1 as unacceptable. Please provide comments to support your rating.

Academic Performance and Abilities:

1 2 3 4 5 6 7 8 9 10

Comments:

Openness to Learning:

1 2 3 4 5 6 7 8 9 10

Comments:

Willingness to Participate in Class:

1 2 3 4 5 6 7 8 9 10

Comments:

Takes Initiative to Learn and Complete Assignments:

1 2 3 4 5 6 7 8 9 10

Comments:

Demonstrates Progress in the Learning of Clinical Skills:

1 2 3 4 5 6 7 8 9 10

Comments:

Ability to Manage School and Personal Life Demands:

1 2 3 4 5 6 7 8 9 10

Comments:

Skill in Managing Multiple Demands and Time, Including Deadlines:

1 2 3 4 5 6 7 8 9 10

Comments:

Willingness to Accept Feedback:

1 2 3 4 5 6 7 8 9 10

Comments:

Please provide information regarding your assessment of the student's strengths:

State specifically any concerns that you have. Attach a separate sheet if necessary.

Signature of Reference