

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

Field Instructor 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.

Quality of Clinical Skills:

1 2 3 4 5 6 7 8 9 10

Comments:

Openness to Feedback:

1 2 3 4 5 6 7 8 9 10

Comments:

Interpersonal Skills with Coworkers and Peers:

1 2 3 4 5 6 7 8 9 10

Comments:

Ability to Maintain Professional Boundaries and Professional Demeanor:

1 2 3 4 5 6 7 8 9 10

Comments:

Utilizes Supervision Effectively for Consultation by Taking Initiative, Coming Prepared, and Taking Risks Which Create Vulnerability for Learning:

1 2 3 4 5 6 7 8 9 10

Comments:

Follows Ethical Guidelines and Initiates Discussion Regarding Ethical Dilemmas:

1 2 3 4 5 6 7 8 9 10

Comments:

Skill in Managing Multiple Demands and Time in the Workplace, Including Deadlines:

1 2 3 4 5 6 7 8 9 10

Comments:

Willingness to Work Effectively in High-Risk or Crisis Situations:

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