

Intercommunity Counseling Center

P.O. Box 9046

7702 Washington Avenue, Suite D

Whittier, CA 90608-9046

Telephone: (562) 698-1272 / Fax: (562) 698-1274

RECOMMENDATION FOR M.F.T. PRACTICUM SITE

Name of Applicant: _____

1. Please rate the applicant in relation to other graduate students you have known at this level of training.

	Below Average	Average	Good	Very Good	Out- Standing	Don't Know
a. Knowledge of clinical psychology theory	1	2	3	4	5	6
b. Psychological assessment skills	1	2	3	4	5	6
c. Psychotherapy skills	1	2	3	4	5	6
d. Sensitivity to issues of cultural diversity	1	2	3	4	5	6
e. Ability to form working relationship with clients.	1	2	3	4	5	6
f. Responsiveness to supervision or advisement	1	2	3	4	5	6
g. Emotional stability	1	2	3	4	5	6
h. Reliability and ethical responsibility	1	2	3	4	5	6

2. In your judgment, to what extent do you feel the applicant is ready for practicum?

1	2	3	4	5	0
Not Prepared		Prepared		Extremely Prepared	Don't Know

3. Please attempt to predict the quality of performance you would expect from the applicant on this practicum compared to other students/peers.

Top 1%	Top 10%	Top 25%	Top 50%	Lower 50 %
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4. **PLEASE ATTACH A LETTER OF REFERENCE OR NOTE BELOW MAJOR STRENGTHS AND WEAKNESSES** [and any other information which you believe would be helpful in our selection process]

Thank you for taking the time to provide us with this information.

Signature: _____

Date: _____

Name (please print) _____

**PLEASE RETURN TO: Rebecca Eberle-Romberger, Psy.D.
Intercommunity Counseling Center
P. O. Box 9046
Whittier, CA 90608-9046**