CARENET COUNSELING RESIDENCY IN PSYCHOTHERAPY AND SPIRITUALITY

APPLICANT REFERENCE FORM

APPLICANT'S NAME We appreciate your help in assessing the applicant's readiness for admission. Please be frank, feel free to exceed space limitations, and offer comments not covered by our questions here. Your responses will be kept confidential and will be useful both in the admission process and in guiding the applicant's training. In comparison with other students or persons with whom you have worked, please rate the applicant in the following trait areas. A rating of 0 means you have had insufficient opportunity to observe this trait. A rating of 1 refers to the bottom 20%; 2, from 20% to 40%; 3, from 40% to 60%; 4, from 60% to 80%; 5, the top 20%.		
RATING (1-5)	TRAIT	
Comments:	Intelligence. Alertness, curiosity, capacity to conceptualize significant ideas, express self verbally and in writing.	
Comments:	Psychological stability. Capacity to exercise emotional control, manage stress, practice self-care, and maintain good relationships.	
Comments:	Interpersonal skill. Capacity to relate genuinely and amicably with others, to be honest and elicit trust from others, to work as member of a team.	
Comments:	Multicultural and social awareness. Attention and sensitivity to realities of diversity, concern for social issues.	
Comments:	Capacity for Leadership. Ability to inspire others, maintain their confidence, take responsible risks.	

		Responsibility. Can be counted on to keep commitments in a timely manner, capacity to solve problems creatively and effectively.
	Comments:	
	Comments:	Empathy. Capacity to understand other persons' thought, feelings, and behaviors, ability to convey such understanding.
		Overall Evaluation. Applicant's overall potential as a therapist.
Questio 1.		rcumstances have you known the applicant?
2.	Based on your knowledge of this persoresidency.	on, what do you imagine he or she will be doing after completion of the
3.	Please state candidly your opinion of tweaknesses as a counselor. Please a	he applicant's all-around fitness for admission, potential strengths and dd any information you consider important that has not been addressed thus far
Printed	Name	Signature
Presen	t Position	Telephone
Addres	S	

Please mail or email completed form to:

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