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**MA Couple and Family Therapy (CFT) Program Recommendation Form**You have been named as a reference in support of the application process to Antioch University Seattle. When complete, please return a saved version of this form with the applicant’s name in the **Subject line** of your email to **admissions.aus@antioch.edu**

Please complete the following evaluation based on your knowledge and interactions with the applicant. In areas which you have no basis for evaluation, please check N/A. Thank you for your time and effort.

**Name of Applicant:**

**Name and Title/Credentials of Evaluator (your name):**

**Relationship of Evaluator to the Applicant:**

**1. Please evaluate the applicant on the following areas of professional and academic competence:**

**No**

**Competence**

**High**

**Competence**

**Moderate**

**Competence**

**Low**

**Competence**

**N/A**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Understanding of the Counseling Profession** | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Counseling Related Experience** | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Academic Competence In the Field of Counseling** | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Overall Academic Performance** | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Overall Professional Performance** | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Ability to Receive Feedback** | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Multicultural Competency** | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Self-Awareness** | ☐ | ☐ | ☐ | ☐ | ☐ |

**2. Please comment on the applicant's personal, academic and/or professional development:**

What are the candidate's strengths as they relate to future work as a Mental Health practitioner?

In what areas may the applicant need support if accepted into the CFT Program at AUS?

Additional Comments in reference to the level of readiness the applicant brings to the CFT Program at AUS?

Anything else?

This concludes the recommendation form. Thank you for supporting this student in applying to Antioch University Seattle.