



**Graduate Certificate in Trauma and Bereavement (CTB)
Letter of Recommendation**

TO THE EVALUATOR: You have been asked to complete an evaluation of the above named individual who is applying for admission into the CTB program at Arizona State University West. Your assessment of the individual will assist us in evaluating her/his application. Under the 1974 Family Education Rights and Privacy Act, the applicant named above will have access to this recommendation unless he or she has waived that right. **It will greatly help the application if you can provide a few narrative comments that support your rating in each category.**

Name of Applicant:

How long and in what capacity have you known the applicant?

Please evaluate the applicant relative to other students or employees you have known in the same field in recent years. Please use comment section for any explanations.

Intellectual Capacity:

- Exceptional Outstanding Good Average
 Below Average Not Observed

Comments:

Sensitivity to and Capacity for Accepting Differences in Race, Class, Culture Lifestyles and Ideas:

- Exceptional Outstanding Good Average
 Below Average Not Observed

Comments:

Emotional Maturity/Stability:

- Exceptional Outstanding Good Average
 Below Average Not Observed

Comments:

Ability to take Initiative:

- Exceptional Outstanding Good Average
 Below Average Not Observed

Comments:

Writing Skills:

- Exceptional Outstanding Good Average
 Below Average Not Observed

Comments:

Concern for Social Problems:

- Exceptional Outstanding Good Average
- Below Average Not Observed

Comments:

Interpersonal Skills:

- Exceptional Outstanding Good Average
- Below Average Not Observed

Comments:

Ability to Accept Constructive Feedback:

- Exceptional Outstanding Good Average
- Below Average Not Observed

Comments:

Openness to Learning with Capacity to Change:

- Exceptional Outstanding Good Average
- Below Average Not Observed

Comments:

We would also like to know your thoughts regarding this applicant's aptitude for graduate study and a career working in the area of trauma and bereavement.

Please indicate your overall recommendation for this applicant's admission:

- Not Recommended Recommended with Reservation
- Recommended Recommended Highly

We appreciate your promptness and cooperation in completing this evaluation.

Evaluator's Name:

Position and Title:

Agency:

Address: City/State/Zip:

Phone:

E-mail:

Date:

I authorize the person named above to provide an evaluation of me to the School of Social Work at Arizona State University. I understand that federal legislation provides me with a right of access to this information. This right may be waived, but no school or person can require me to do so.

I hereby ____ Waive ____ Do not waive my right of access to this information.

APPLICANT'S SIGNATURE

DATE
