

THE CLINICAL PSYCHOLOGY DOCTORAL PROGRAM
AT JACKSON STATE UNIVERSITY

EVALUATION AND RECOMMENDATION FORM

GENERAL INSTRUCTIONS: Place the cursor on the gray block next to each item and begin typing; the size of the text field will adjust automatically. To use the check boxes, simply click on the box to insert or remove checkmarks. Use Ctrl+Tab to tab within an item field. Print, sign and mail the form when it is completed.

TO THE APPLICANT: The applicant must complete the top portion of this form before the form is given to the person from whom the letter of recommendation is requested. Please request that the evaluator attach this form to their letter of recommendation.

Date: _____

Social Security #: _____

Applicant Name (last, first, middle): _____

Current Address:

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip Code: _____

Permanent Address:

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip Code: _____

Phone (home): _____

Phone (cell): _____

Fax: _____

Email: _____

Under the provisions of the Family Education & Privacy Act of 1974, (check one),

- ☐ I waive my right of access to this letter of recommendation.
☐ I DO NOT waive my right of access to this letter of recommendation.

(Signature of Applicant) _____

TO THE EVALUATOR: The person named above has applied for admission to graduate study at Jackson State University and has requested that you complete this form to assist in the evaluation of his or her ability to successfully complete the Ph.D. in Clinical Psychology. The program requests that you also provide a formal letter of recommendation, which should be attached to this form (instructions on reverse side of this page).

Evaluator Name: _____

Position / Title: _____

Institution: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Phone: _____

Zip Code: _____

Email: _____

I have known the applicant for a period of _____ years and /or _____ months.

I have known the applicant as:

- | | |
|---|--|
| <input type="checkbox"/> an undergraduate student | <input type="checkbox"/> a teaching assistant |
| <input type="checkbox"/> a graduate student | <input type="checkbox"/> an academic or research advisee |
| <input type="checkbox"/> a research assistant | <input type="checkbox"/> other (please specify) |

I have served the applicant in the following capacities (please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> academic / research advisor | <input type="checkbox"/> department chair |
| <input type="checkbox"/> course instructor | <input type="checkbox"/> employer |
| <input type="checkbox"/> clinical supervisor | <input type="checkbox"/> other (please specify) |

On the rating scales below, please describe the applicant by checking the box that is most representative of your experience with the applicant. Please rate the applicant in each area listed below in comparison to a representative group of students who have had approximately the same amount of experience and training as the applicant.

Attribute:	No Basis To Judge	Lower 50%	Upper 50%	Upper 25%	Upper 10%	Upper 5%
Mastery Of Fundamental Knowledge In Psychology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability To Reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability & Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open-Mindedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability To Accept Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation / Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability To Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitive To Ethnic / Cultural Differences In Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability To Work With Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collegiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estimate of potential for success as a:

Degree candidate: ☐ excellent ☐ above average ☐ average ☐ below average ☐ minimal
 Researcher: ☐ excellent ☐ above average ☐ average ☐ below average ☐ minimal
 Clinician: ☐ excellent ☐ above average ☐ average ☐ below average ☐ minimal

Recommendation:

- ☐ I recommend the applicant without reservation as an excellent prospect.
☐ I recommend the applicant with some reservation (please explain in the recommendation letter).
☐ I cannot recommend the applicant for graduate work at this time (please explain in the recommendation letter).

LETTER OF RECOMMENDATION: Please provide a detailed, narrative description of the applicant's abilities and comment on his/her potential as graduate student in a doctoral-level curriculum. Please evaluate that applicant in terms of the following characteristics: emotional and characterological stability, accomplishments, intellectual independence, clinical and research interests, capacity for analytical thinking, ability to work with others, ability to organize and express ideas clearly (both orally and in writing), drive and motivation, and the applicant's strengths and weaknesses. Attach the letter to this form and return it to the address below. We thank you for your assistance.

Evaluator Signature (Name and Degree): _____ Date _____

PLEASE MAIL TO:

Doctoral Program Application Review Committee
 Department Of Psychology
 P. O. Box 17550
 Jackson State University
 Jackson, MS 39217-0350