## SUPPLEMENTAL LETTER OF RECOMMENDATION FOR STUDENTS APPLYING FOR GRADUATE TRAINING IN CLINICAL PSYCHOLOGY

Name of Applicant:

**To referee:** Students who proceed with clinical training will be dealing with people on a professional one-to-one basis. We would appreciate your views on the applicant's potential for such work. Please compare the applicant to others at a similar stage of training. Note: Referees are not expected to be able to comment on current clinical skills but rather the student's *potential and aptitude* for working with people in a professional capacity.

- 1. How well and in what context do you know the applicant?
- 2. Please rate and comment on the following aspects of the applicant's personal qualities and their potential to develop such qualities:

Characteristic	Rarely	Sometimes	Often	Always	Unable
	exhibits	exhibits	exhibits	exhibits	to Judge
Capacity to Deal with Stress (e.g., ability to					
handle competing demands, persist in the face of					
obstacles or setbacks, handle conflict)					
Comments:					
Capacity to effectively engage with others					
(e.g., quality of interpersonal skills, personal					
maturity, use of empathy or compassion,					
assertiveness, effectively works with peers and					
supervisors)					
Comments:					
Capacity for quality decision-making and use					
of judgment (e.g., appropriately seeks					
supervision, engages in ethical decision making					
and action)					
Comments:					

3. **In your judgement, how suitable is the applicant for clinical training?** (Please check one of the following responses <u>and</u> comment below)

Definitely suitable – I have no reservations recommending this Applicant somewhat suitable – I have mild reservations

Not suitable – I have significant reservations

Unable to judge

## Psychology Department, UNIVERSITY OF NEW BRUNSWICK, Fredericton Campus

Comments:			
4. If you have a similar program in your department, wo	uld you		
Accept this applicant	yes	no	N/A (no similar program
Be willing to supervise this applicant	yes	no	N/A (no similar program
Your name (please print):			
Your signature:			
Title:			
Mailing Address:			
Telephone:			
E-mail Address:			