UNIVERSITY OF ALBERTA

COUNSELLING & CLINICAL SERVICES
2-600 Students' Union Building, Edmonton, AB T6G 2J7
Phone: 780-492-5205 · Fax: 780-492-0013 · uab.ca/ccs

Practicum Reference Form

Referee Name

Position/Title

Organization/Institution

Phone

Email

Applicant Name

Relationship to Applicant

In what capacity have you worked with this applicant? (e.g., instructor, clinical/practicum supervisor, employer, volunteer coordinator)

Please indicate the time period (e.g., dates or duration) during which you worked with this applicant in this capacity.

Applicant Evaluation

Note to referee: We understand the applicant may not have prior clinical experience. Please evaluate them based on their performance in your academic, volunteer, or professional setting.

Skill/Attribute	Outstanding	Strong	Satisfactory	Developing	Not Observed
Work Ethic & Reliability	○	○	○	○	○
Professionalism	○	○	○	○	○
Communication Skills	○	○	○	○	○
Receptivity to Feedback	○	○	○	○	○
Self-awareness	○	○	○	○	○

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Written Comments

Please share any specific examples of the applicant's strengths, character, or readiness for a graduate-level counselling practicum. You may type your response below or attach a separate letter.

Do you have any concerns about this applicant interacting face-to-face with clients, including vulnerable populations? If yes, please explain.

Is there anything else relevant to this applicant's readiness for a counselling practicum that the questions above didn't capture?

If there are any additional comments, insights, or observations you would prefer to discuss over the phone, please feel free to reach out to me directly at budzan@ualberta.ca to set up a convenient time to connect.

Recommendation Summary

- ◯ I recommend this applicant enthusiastically without reservations
- ◯ I recommend this applicant
- ◯ I recommend this applicant with some reservations
- ◯ I do not recommend this applicant for a clinical placement

Referee Signature

Date