RECOMMENDATION FORM

TO THE APPLICANT: This form is to be completed by an individual who is able to evaluate your academic and/or professional qualifications for the graduate study in the Rehabilitation Counselor Education Program. Please ask the respondent to submit the completed form to: Dr. Kathryn Yamamoto, Program Director, Department of Kinesiology and Rehabilitation Science, University of Hawai‘i at Mānoa, 1337 Lower Campus Road, PE/A231, Honolulu, Hawai‘i 96822.

DEADLINE: The completed forms must reach the department by March 1.

Name of Applicant: __________________________________ Email Address: ___________________________

Degree sought: Master of Science in Kinesiology and Rehabilitation Science (Specialization: Rehabilitation Counseling)

I (the applicant) understand that federal legislation provides me with a right of access to this recommendation; this right may be waived if I so choose. No one may require that I waive this right.

APPLICANT: Please sign and date on the next line if you decide to waive your right to access, thus making this recommendation a confidential document.

_________________________________________________________________________________
Signature of Applicant

_________________________________________________________________________________
Date

TO THE RESPONDENT: Please use this form to evaluate the applicant’s professional and personal qualifications for graduate study in the Rehabilitation Counselor Education Program.

1. How long have you known the applicant? ________________________________

_________________________________________________________________________________

2. What is the nature of your professional relationship with the applicant (professor, employer, etc.)?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________
3. What specific strength does the applicant have which you feel are strong arguments for admission?

_________________________________________________________________________________
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4. What specific weaknesses does the applicant have which you feel might interfere with applicant’s academic performance and progress toward the completion of the degree? ___________________

_________________________________________________________________________________
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5. In comparison with other individuals whom you have recommended for graduate study, please rate this applicant in the terms of each of the following qualifications by placing an “X” in the appropriate column.

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Well Above Average (Top 10%)</th>
<th>Above Average (Top Third)</th>
<th>Average (Middle Third)</th>
<th>Below Average (Bottom Third)</th>
<th>No data on which to base judgment.</th>
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<tbody>
<tr>
<td>Ability to express self verbally</td>
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<td>Ability to express self in writing</td>
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<td>Ability to reason analytically</td>
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<td>Ability to work independently</td>
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<td>Ability to work as member of a group</td>
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<td>Level of creativity</td>
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<td>Level of academic enthusiasm</td>
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<td>Level of perseverance to completed assigned or selected tasks</td>
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<td>Motivation to pursue graduate study</td>
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<td>Likelihood of postgraduate contribution to the field of counseling</td>
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</table>

6. If the applicant were applying to a graduate program of study within which you were a practicing professional or faculty member, describe how strongly you would argue for admission?

______________________________________________________________________________
______________________________________________________________________________

7. If you feel you’d like to offer additional comments not covered by this form and which you consider relevant to the admission decision, please use and attach a separate page.

______________________________________________________  ____________________________
Printed Name/Position                              Signature

_______________________________________________  __________
Mailing Address                                    Email Address

**The faculty members of the University of Hawai‘i, Department of Kinesiology and Rehabilitation Science express our collective “Thank You” for your assistance.**