Clinical Child and Adolescent Psychology

Supplemental Letter of Recommendation

**This document needs to be forwarded to any Referees who can speak to your ability as a Clinician.**

**This area is to be completed by applicant.**

**Applicant’s Surname or family name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Given Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8**

**This area below is to be completed by referee.**

Students in our clinical training will be dealing with people on a professional one-to-one basis early on and throughout their studies. We would appreciate your ratings on the suitability of the applicant for working with people as a clinician. For each item below, select one box to indicate what best reflects your opinion about the candidate’s competence in relation to other students at a similar stage of training with whom you have had experience. When necessary, select “Cannot Judge”.

|  | **FOR EACH ITEM SELECT ONE RATING** | **LOW** | **MODERATE** | **HIGH** | **CANNOT JUDGE** |
| --- | --- | --- | --- | --- | --- |
| **1** | **Ability to function under stress** |  |  |  |  |
| **2** | **Emotional maturity** |  |  |  |  |
| **3** | **Sensitivity to others** |  |  |  |  |
| **4** | **Awareness of own effect on others** |  |  |  |  |
| **5** | **Ability to view issues objectively** |  |  |  |  |
| **6** | **Verbal communication skills** |  |  |  |  |
| **7** | **Empathy and capacity to provide support** |  |  |  |  |
| **8** | **Appropriateness of social behaviours** |  |  |  |  |
| **9** | **Receptiveness to negative feedback** |  |  |  |  |
| **10** | **Responsiveness to constructive criticism** |  |  |  |  |
| **11** | **Ethically appropriate behaviour** |  |  |  |  |

Please select one overall rating summarizing your opinion about this applicant’s suitability for clinical work:

| **Statement of applicants suitability** | **Select ONE** |
| --- | --- |
| I have not had enough contact with the applicant to make such a judgement |  |
| I have serious reservations |  |
| I have a mild reservation |  |
| I have no reservations |  |

The University of Guelph reaffirms section 1 of the Ontario Human Rights Code, 1981. which prohibits discrimination on the grounds of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, handicap, age, marital or family status. All assessment forms are confidential and information will not be released to the applicant.

**Name of Referee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Referee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_**

**Position and Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Institution and Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THANK YOU for completing this form!**

**Please save and submit directly to the** [psycgpa@uoguelph.ca](mailto:psycgpa@uoguelph.ca) **(no later than December 1)**

**Subject: CCAP Reference: Applicant’s last name, first name**