

LOUISIANA STATE UNIVERSITY IN SHREVEPORT

DEPARTMENT OF PSYCHOLOGY

One University Place

Shreveport, Louisiana 71115

(318) 797-5044

~Specialist in School Psychology Request for Reference~

Under the provision of the Family Educational Rights Act of 1974, this applicant (if admitted and enrolled) will have access to information provided below unless he/she has waived such access.

(Applicant completes this section)

Name of Applicant _____

(Optional) *I hereby waive my right to access the material recorded below.*

Signature of Applicant

Date

The applicant should provide at least two references, with a minimum of one from a faculty member. The other(s) may be from an employer and/or supervisor. An applicant's references should email forms/letters as attachments directly to Kevin.Jones@lsus.edu. If needed, references can mail forms/letters to Dr. Kevin Jones, Department of Psychology, LSU Shreveport, One University Place, Shreveport, LA 71115.

To the respondent: Please rate the applicant's qualifications compared to other students at the same level, regarding his/her promise as a candidate for a professional training program in school psychology.

CHARACTERISTICS	EXCEPTIONAL	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	No Opportunity to Observe
Intellectual Ability					
Communicative Skills: <i><u>ORAL</u></i>					
<i><u>WRITTEN</u></i>					
Academic Preparation					
Maturity					
Teaching Ability					
Work Habits					
Creativity					
Emotional Stability					
Ability to Work Cooperatively					
Dependability					

What are the applicant's strongest characteristics?

What are the applicant's weakest characteristics?

Based on your overall ratings above, do you think this applicant has the potential for success as a school psychologist? _____

If not, why?

Please feel free to supplement this reference form with a formal letter of reference if you would like to elaborate on those qualities which differentiate this person from other individuals.

I have known the applicant for approximately _____ years in my capacity as his or her
(state relationship) _____ .

Respondent's Signature

Title

Date

Typed or Printed Name: _____

Address: _____