



# ALABAMA BOARD OF EXAMINERS IN COUNSELING

## RECOMMENDATION FORM

APPLICANT'S NAME \_\_\_\_\_  
Last
First
Middle

Last Four Digits of Social Security Number \_\_\_\_\_

The person listed above has applied to the Alabama Board of Examiners in Counseling to become an Associate Licensed Counselor (ALC). Your objective rating of this applicant's characteristics will enable the Board to evaluate whether this applicant meets its standards. All applicants have a right to review their file.

RATER'S NAME \_\_\_\_\_

TITLE/POSITION \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

### RELATIONSHIP TO APPLICANT (Check all applicable)

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Professor | <input type="checkbox"/> Current Supervisor |
| <input type="checkbox"/> Friend    | <input type="checkbox"/> Former Supervisor  |
| <input type="checkbox"/> Colleague | <input type="checkbox"/> Other _____        |

**Please circle the appropriate number to rate the applicant on the following characteristics**

	Lowest		Highest		Unable to Evaluate	
Self-Assessment	1	2	3	4	5	_____
Personal Integrity	1	2	3	4	5	_____
Recognition Of Own Limitations	1	2	3	4	5	_____
Acceptance Of Creative Criticism	1	2	3	4	5	_____
Motivation To Learn	1	2	3	4	5	_____
Sense Of Humor	1	2	3	4	5	_____
Commitment To The Profession	1	2	3	4	5	_____
Ethical Professional Conduct	1	2	3	4	5	_____
Reputation With Professional Colleagues	1	2	3	4	5	_____
Concern For Welfare Of Clients	1	2	3	4	5	_____
Individual Counseling Skills	1	2	3	4	5	_____
Group Counseling Skills	1	2	3	4	5	_____
Assessment Skills	1	2	3	4	5	_____
Ability To Make Appropriate Referrals	1	2	3	4	5	_____
Consulting Skills	1	2	3	4	5	_____
Potential As A Counselor	1	2	3	4	5	_____
Ability To Treat Confidential Material	1	2	3	4	5	_____
Professionally	1	2	3	4	5	_____
Cultural Sensitivity	1	2	3	4	5	_____
Capacity To Manage Intimate	1	2	3	4	5	_____
Counseling Relationships	1	2	3	4	5	_____

List Applicant's most important assets as a professional counselor:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The Board is also interested in your assessment of areas where the applicant may need additional development:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Attempts to secure ratings on the scale on the first page are sometimes inadequate for a thorough evaluation of an applicant. Please use this space for additional comments.

Rater's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

When completed, please return to:

Alabama Board of Examiners in Counseling  
950 22<sup>nd</sup> Street North, Suite 765  
Birmingham, Alabama 35203  
(205) 458-8716 or (800) 822-3307