

**Whittier College Student Counseling Center  
13406 E. Philadelphia St, P.O. Box 634  
Whittier, CA 90608**

Telephone: (562) 907-4239 / Fax: (562) 907-4218

**RECOMMENDATION FOR CLINICAL PSYCHOLOGY  
PRE-DOCTORAL PRACTICUM SITE**

Name of Applicant: \_\_\_\_\_

1. Please rate the applicant in relation to other graduate students you have known at this level of training.

	Below Average	Average	Good	Very Good	Out- Standing	Don't Know
a. Knowledge of clinical psychology theory	1	2	3	4	5	6
b. Psychological assessment skills	1	2	3	4	5	6
c. Psychotherapy skills	1	2	3	4	5	6
d. Sensitivity to issues of cultural diversity	1	2	3	4	5	6
e. Ability to form working relationship with clients.	1	2	3	4	5	6
f. Responsiveness to supervision or advisement	1	2	3	4	5	6
g. Emotional stability	1	2	3	4	5	6
h. Reliability and ethical responsibility	1	2	3	4	5	6

2. In your judgment, to what extent do you feel the applicant is ready for practicum?

1	2	3	4	5	0
Not Prepared		Prepared		Extremely Prepared	Don't Know

3. Please attempt to predict the quality of performance you would expect from the applicant on this practicum compared to other students/peers.

Top 1%	Top 10%	Top 25%	Top 50%	Lower 50 %
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4. **PLEASE ATTACH A LETTER OF REFERENCE OR NOTE BELOW MAJOR STRENGTHS AND WEAKNESSES** [and any other information which you believe would be helpful in our selection process]

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\_\_\_\_\_

Thank you for taking the time to provide us with this information.

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

Name (please print) \_\_\_\_\_

**PLEASE RETURN TO: Stephanie Smolinski, Psy.D.  
Whittier College Student Counseling Center  
[ssmolins@whittier.edu](mailto:ssmolins@whittier.edu) (“student application” in subject line)**