## **Recommendation Form**

## SUNY Oswego Counseling Services Center P2P - Peer Educator Program

Recommendation deadline: Wed. March 7, 2018

Candidate's Name:	
Recommender's Name:	
Note to applicant:	
The recommendation forms must be completed by instructive recent place of employment. Recommendations from fam Do not forget to sign this waiver!	·
I hereby grant the Counseling Center Professional stacompleted my recommendation forms. I waive my ri	•
Signature of applicant	Date
The Counseling Center trains a small, select group of stude	

The Counseling Center trains a small, select group of students to assist the professional staff in providing psychoeducational (primary prevention) outreach services to Oswego State students. It is expected that applicants will have an interest in making public presentations and in facilitating small group discussion. Students most likely to experience a sense of achievement in the program are those who manifest strong leadership and social skills, assertiveness, good judgment, creativity, initiative, follow-through, commitment and a propensity toward a wellness lifestyle. In addition, the candidate must demonstrate an understanding of and a commitment to maintaining confidentiality. Lastly, Counseling Center Peer Educators must demonstrate behavior that is caring, accepting, genuine, and understanding. Counseling Center Peer Educators receive training in listening and communication skills, public speaking, group facilitation, workshop planning and delivery, confidentiality, and outreach and consultation skills.

## 1. Please rate the candidate on the following:

	Needs improve	ement			Outstan	ding
Organization skills	1	2	3	4	5	
Communication skills	1	2	3	4	5	
Ability to work as part of a team	1	2	3	4	5	
Initiative	1	2	3	4	5	
Follow through	1	2	3	4	5	
Leadership skills	1	2	3	4	5	
Maturity	1	2	3	4	5	
Accepts responsibility	1	2	3	4	5	
Uses good judgment	1	2	3	4	5	
Creativity	1	2	3	4	5	
Confidentiality	1	2	3	4	5	
Respect for diversity	1	2	3	4	5	
Caring, accepting, understanding	1	2	3	4	5	

2. Briefly describe your working relationship with candidate	
3. Briefly describe candidate's strengths	
4. Briefly describe areas needed for growth	
5. Recommend  Recommend with reservation  Do not recommend	
Signature of recommender and date:Print name and title:	
Recommender: Please return in sealed/signed envelope to:	Counseling Services Center #10