



## Austin Child Guidance Center

810 W. 45th Street, Austin, Texas 78751

Phone: (512) 451-2242; Fax: (512) 454-9204

[www.austinchildguidance.org](http://www.austinchildguidance.org)

### Final Field Placement at Austin Child Guidance Center Recommendation Form

Student is applying for (check all that apply):

Clinical Counseling Placement

Infant Early Childhood Placement

Name of Applicant:

Date:

Name of Reference:

Title:

Email address of Reference:

Phone:

Please rate applicant in the following areas with 10 as outstanding and 1 as unacceptable and provide comments as well as complete the back portion of the reference form.

**Academic Performance/Abilities:**

1    2    3    4    5    6    7    8    9    10

Comments:

**Openness to Learning:**

1    2    3    4    5    6    7    8    9    10

Comments:

**Willingness to Participate in Class:**

1    2    3    4    5    6    7    8    9    10

Comments:

**Takes Initiative to Learn and Complete Assignments:**

1    2    3    4    5    6    7    8    9    10

Comments:

**Ability to Manage Conflict in a Professional/Appropriate Manner:**

1    2    3    4    5    6    7    8    9    10

Comments:

**Assessment of Clinical Skills and Ability to Work with Children/Families:**

1    2    3    4    5    6    7    8    9    10

Comments:

(OVER)

**Utilizes Supervision Effectively for Consultation by Taking Initiative, Coming Prepared and Taking Risks**

1      2      3      4      5      6      7      8      9      10

Comments:

**Follows Ethical Guidelines and Initiates Discussion Regarding Ethical Dilemmas**

1      2      3      4      5      6      7      8      9      10

Comments:

**Skill in Managing Multiple Demands and Time in Workplace, Including Deadlines**

1      2      3      4      5      6      7      8      9      10

Comments:

**Ability to Work Effectively with Challenging Client Populations, Including Crisis Situations**

1      2      3      4      5      6      7      8      9      10

Comments:

**Please provide information regarding your assessment of the student's strengths and potential fit with the Austin Child Guidance Center. Attach separate sheet or letter, if necessary.**

**State specifically any concerns that you have.**

\_\_\_\_\_  
**Signature of Reference**

\_\_\_\_\_  
**Date**

**Please return via the student or email to:**

Sara Wakefield, LCSW-S  
Program Manager  
810 W. 45<sup>th</sup> St.  
Austin, Texas 78751  
512.451.2242 or Fax 512.454-9204  
[swakefield@austinchildguidance.org](mailto:swakefield@austinchildguidance.org)