

Graduate Student _____	ID #: @ _____
University Advisor: _____	Major: _____ Review Date: _____

Course: _____ **Field Site:** _____


A. What strengths do you see in this candidate for the counseling profession?

B. What areas do you recommend that this candidate develop further in preparation for a career in the counseling profession?

C. Do you recommend this candidate for a career in counseling? If not, please comment.

To the best of my knowledge, _____ has acceptably completed a total of _____ hours in this field site experience in the activities as outlined in the Field Acceptance Agreement form.

Field Site Supervising Practitioner _____ **Date** _____

 **Directions for Course Instructors:**
MHC students: white (licensure) copy to student for future licensure application; yellow and pink copies to program departmental secretary.
SGC students: white (licensure) and yellow copies to program advisor; pink copy for student records