



PRACTICUM POSITION REFERENCE FORM

The Counseling Center – Valdosta State University

A completed application includes TWO reference forms. One of the forms should be completed by your programs training director/field director and another should be completed by a professional reference of your choice.

Applicant Name _____

Reference Name _____ Date _____

Reference Title _____

Phone _____ Email _____

In what capacity have you known the applicant? _____

How long have you known the applicant? _____

Please list some strengths of the applicant: _____

Please list any areas of growth of the applicant: _____

For Training Directors/Field Directors only

Please check one:

The applicant is cleared to begin practicum placement: Yes No

Signature

Date

COUNSELING CENTER

PHONE 229.333.5940 • FAX 229.333.7169 • WEB www.valdosta.edu/counseling • ADDRESS 1500 N. Patterson St. • Valdosta, GA 31698-0166

LOCATION Powell Hall East

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