



NEW YORK INSTITUTE OF TECHNOLOGY

School of Education and Professional Studies
Master of Science in School Counseling

Applicant: _____

Family Educational Rights and Privacy Act of 1974: Under the provision of this Act, you have the right, if you are accepted into the Master of Science in School Counseling program to review your educational records. The Act provides that you may waive your right to see recommendations for admission. Please check the appropriate box indicating whether or not you wish to waive your right and sign your name.

Waive Do not waive my right of access to this recommendation

Applicant's signature: _____ Date _____

Directions for the Respondent: The person above is applying to the Master of Science in School Counseling program at New York Institute of Technology. Research indicates that successful school counselors develop the personal qualities and attributes listed below. Please indicate your assessment of the applicant by placing an X in the appropriate rating on the grid for each item. In the space provided please provide a brief narrative of your assessment of the applicant's attributes, and indicate your view of his/her potential for becoming an effective school counselor.

N-Needs Improvement S-Satisfactory G-Good VG-Very Good E-Excellent NA-No Opportunity to Observe

Table with 7 columns (Diversity, Effective Practice) and 6 rows (N, S, G, VG, E, NA) for rating applicant attributes.

