

7. What area/areas do you see this person needing development?

8. General Comments: Please add any further information concerning this individual you may feel is important.

Please indicate your reaction to this person's potential as an Alcohol and Drug Counselor by checking the appropriate response.

Highly Recommend
 Recommend

Recommend With Reservations
 Would No Recommend

Signature _____ Date _____

Name (please print) _____

Position _____

Address _____

City, State, Zip _____

Phone _____

Please return form to:

Alcohol and Drug Studies Program
Minnesota State University, Mankato
Department of Health Science
HN 213
Mankato, MN 56001