



The State of Israel
Ministry of Education
Psychological- Counseling Service, Psychology Department
Graduate School of Educational Psychology in collaboration with the School of Education, Hebrew
University of Jerusalem

Recommendation Form for Applicant
Supplemental Studies Program in Educational (School) Psychology –
2018/19

Applicant's Full Name:

ID Number: _____

Academic institution where candidate is studying: _____

Major: _____

About the program:

As of January, 1st, 2015, only graduates from applied psychology programs, in Israel or abroad, from academic institutions approved by the Israeli Council for Higher Education(MALAG) and that enable graduates to be listed in the Ministry of Health registry of qualified psychologists, can apply for work in the Educational Psychology Services.

The Department of Psychological Services in the Ministry of education is now offering a supplemental studies program that will enable graduates who do not have an -applied psychology degree, to apply for work in the Educational Psychology Services. **This supplemental studies program is mandatory for psychology graduates who have not studied in an applied psychology program.**

Please complete the below about the applicant.

The form must be signed and should be submitted in full, with the addition of an official stamp, to the applicant. Alternatively, the form can also be sent directly to:

hishtalmuyot@savion.huji.ac.il , shanylevy@savion.huji.ac.il



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How long have you known the applicant?

How do you know the applicant (seminar, research assistance, teaching assistant, training, counseling, other)?

Below is a list of ACADEMIC and PERSONAL QUALITIES and skills. For each, please rate the candidate on a scale of 1-5 (Circle the number).

	Excellent	Very good	Good	Average	Below Average	Not Relevant
Persistence	5	4	3	2	1	
Ability to Work cooperatively	5	4	3	2	1	
Analysis and integration	5	4	3	2	1	
Oral Communication Skills	5	4	3	2	1	
Written communication skills						
Motivation	5	4	3	2	1	
Initiative	5	4	3	2	1	
Coping with stress	5	4	3	2	1	
Emotional maturity and stability	5	4	3	2	1	
Self-awareness	5	4	3	2	1	
Empathy, sensitivity to others	5	4	3	2	1	



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Full name of the reference provider: _____

Institution/Organization Name: _____

Academic Position:

Phone Number: _____

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E-Mail: _____

Official stamp (seal) of the academic institution: _____

Signature: _____

Date: __/__/____

Thank you