

## Reference Form — Social Work Related Experience (Volunteer or Paid)

Social Work Program, Anspach 034, Mount Pleasant, MI 48859 E-mail: swk@cmich.edu Phone: 989-774-2690 Text: 989-209-7847

To be completed by the Applicant:					
Name of Applicant:					
Name of Reference:					
I authorize the person named above to provide an evaluation of University. I understand that the Family Rights and Privacy Actinformation. This right may be waived, but no school or person or if I have not signed below, then I have not waived my rights	t of 1974 provides me with a right of access to this n can require me to do so. If neither box is selected				
☐ I waive my rights to access this information.	I do not waive my rights to access this information.				
Applicant's Signature:					
To be completed by the Supervisor:					
The above named individual has applied for admission to the So assessment of the applicant will assist the Admissions Committ of his/her application to or continuation in the BSW program. unless waived above. Thank you for your cooperation.	tee. Your response to these questions is a required part. The student will have a right to view this reference				
Additional Hours Completed: Dates during which expe	erience was completed:				
First Additional reference (if this is an up an earlier reference please add what additional comments may be relevant	atever Total Hours Completed:				
What contact did you have with the student during this experience	ence?				
Please briefly describe the activities in which the student part	icipated.				
Please give your impressions of the student in the following	areas:				
1. Ability to conceptualize, organize, and communicate id	deas.				
2 Ability to establish and maintain positive working relat	ionships with neers, supervisors, and clients				

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Below please rate the applicant relative to other	r stud	dents	or n	ew e	mplo	vees	s you have known in the same field in		
recent years. Explain as needed in the commen			0	011 0	mpic	, jees	, you have known in the same held in		
1-problematic 2-below average	3-average 4-good		5-e	xcept	tional N-not observed				
Category:	1	2	3	4	5	N	Comments		
Professional competence									
Awareness of and sensitivity to issues of race, gender, age, sexual orientation, and disability									
Regularly exhibits <u>mature</u> judgment in decision making and actions									
Reliability and follow-through									
Ability to handle complex tasks or concepts									
I recommend the student to the social work program.  I have some reservations, but would recommend the student for the social work program.  I have some reservations and would not recommend the student for the social work program.  I feel the student is not suited for the social work program.  Comments:									
Signature of Supervisor	ure of Supervisor Date								
Printed name	d name Title/degree if any								
Agency	Phone								
Address									
Relationship(s) to Applicant									
Please email or place in a sealed envelope and mail directly to:  Central Michigan University Social Work Program Admissions									

3. List areas the student needs to continue to develop and/or anything you observed that may hinder the student's

effectiveness as a social worker.

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