



Reference Form – Social Work Related Experience (Volunteer or Paid)

Social Work Program, Anspach Hall 034, Mount Pleasant, MI 48859

E-mail: swk@cmich.edu Phone: 989-774-2690

To be completed by the Applicant:

Name of Applicant: _____

Name of Reference: _____

I authorize the person named above to provide an evaluation of me to the Social Work Program at Central Michigan University. I understand that the Family Rights and Privacy Act of 1974 provides me with a right of access to this information. This right may be waived, but no school or person can require me to do so. If neither box is selected or if I have not signed below, then I have not waived my rights to access this information.

☐ I waive my rights to access this information.

☐ I do not waive my rights to access this information.

Applicant's Signature: _____

Date: _____

To be completed by the Supervisor:

The above named individual has applied for admission to the Social Work Program at Central Michigan University. Your assessment of the applicant will assist the Admissions Committee. Your response to these questions is a required part of his/her application to or continuation in the BSW program. The student will have a right to view this reference unless waived above. Thank you for your cooperation.

Additional Hours Completed: _____ Dates during which experience was completed: _____

☐ First
reference

☐ Additional reference (if this is an update of
an earlier reference please add whatever
additional comments may be relevant.)

Total Hours Completed:

What contact did you have with the student during this experience?

Please briefly describe the activities in which the student participated.

Please give your impressions of the student in the following areas:

1. Ability to conceptualize, organize, and communicate ideas.
2. Ability to establish and maintain positive working relationships with peers, supervisors, and clients.

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.

Below please rate the applicant relative to other students or new employees you have known in the same field in recent years. Explain as needed in the comment section.

	1-problematic	2-below average	3-average	4-good	5-exceptional	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							

Below, provide your overall assessment of the student's appropriateness and readiness for social work. Include comments, particularly if you have reservations about the student's admission to the program.

- ☐ I highly recommend the student to the social work program.
- ☐ 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 _____ Date _____

Printed 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
Anspach Hall 034
Mount Pleasant, MI 48859
(989) 774-2690 (Phone)
swk@cmich.edu (E-mail)