

The University of Findlay Social Work Program

Personal/Professional Reference

Applicant’s Name Full Name Date 9/16/2021

Your Name Full Name Title Phone Number (123) 456-7890

Agency Name

 Street Address City, State Zip Code

How long have you known the applicant? Years Months

How well do you know the applicant? Very Well[ ]  Well [ ]  Casually [ ]

How do you know the applicant? Check all that apply.

[ ] Instructor in one class

[ ] Instructor in more than one class

[ ] Academic advisor

[ ] Employer/ supervisor

[ ] Co-worker

[ ] Other Specify

Social Work Attributes

The following are attributes which are essential for an effective social worker to possess. Please check the box that best describes the applicant.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Disagree | Strongly Disagree | Unable to Evaluate |
| Demonstrates emotional maturity  |[ ] [ ] [ ] [ ] [ ]
| Demonstrates an acceptance of people for who they are |[ ] [ ] [ ] [ ] [ ]
| Respects confidentiality |[ ] [ ] [ ] [ ] [ ]
| Shows a desire for knowledge |[ ] [ ] [ ] [ ] [ ]
| Possesses intellectual ability |[ ] [ ] [ ] [ ] [ ]
| Sensitive to the needs of others |[ ] [ ] [ ] [ ] [ ]
| Willing to accept supervision |[ ] [ ] [ ] [ ] [ ]
| Possesses adequate writing and verbal skills |[ ] [ ] [ ] [ ] [ ]
|  |  |  |  |  |  |

Describe the applicants ability to demonstrate a commitment to equity and inclusion. Please provide specific examples if possible.

Additional Comments

Student Name is applying for admission to the Social Work Program at The University of Findlay. Your Name has been given as a reference and your response will assist us in the admission process. Please complete all fields in this document and upon completion, please email this form to:

 Dr. Robin Walters-Powell MSW, LISW-S

 Walters-powell@findlay.edu

 Signature Sign Here 9/16/2021

Applicant’s Statement

I am aware that under the Congressional Family Education Rights and Privacy Act of 1974, (Sec. 438 (a) (20) (B) c (c), I am not required to be I may voluntarily wave my rights to access to confidential letters and statements of recommendation submitted to The University of Findlay in support of my application for admission to the Social Work Program. I further understand that under the provision of the Family Educational Rights and Privacy Act, an unsuccessful applicant, regardless of whether such applicant has signed a waiver, has no right to inspect any of the admission application materials accumulated in their case. The giving of a waiver shall not be regarded as a condition for admission receipt of financial aid from, or receipt of any other services or benefits from the University.

I hereby, [ ] do [ ] do not, waive my rights of access to any and letters or statements of recommendation which may be submitted by Name of Reference

(Applicant must specify the name of the person submitting the recommendation before sending the form to that person)

Signature Applicant Signature Date mo/day/year