

**INSTRUCTIONS:** Recommendation providers must be an individuals who are able to rate your ability, potential, and readiness for graduate education and professional social work practice. Please give the form to one academic source (professor, advisor, field instructor) and one current/recent supervisor. If it has been more than five years since you attended a college/university, all references may come from current/recent supervisors. Relatives may not submit recommendations.

**DIRECTIONS TO THE APPLICANT:** Complete the *Application Identifying Information & Recommendation Waiver* section, and send to an individual who has agreed to serve as a reference.

### ***Applicant Identifying Information***

Last Name	First Name
Address	Primary Phone(###-###-####)
City, State    Zip Code	Email Address

### ***Recommendation Waiver***

Do you wish to waive your right to examine this recommendation?      Yes          No   

**PLEASE NOTE:** If you waive your right to examine this recommendation, this form can only be submitted by the recommender.

Under the Family Educational Rights and Privacy Act of 1974, students have access to their education record, including recommendations. However, students may waive their right to view these recommendations, in which case they will be held in confidence.

Your comments will/will not be disclosed to the applicant based on the box checked above. Please complete the following information about yourself and the applicant.

Applicant Signature:

Date:

### ***Recommender Information***

Last Name	First Name
Email Address	Primary Phone(###-###-####)
How long have you known the applicant?	In what capacity do you know the applicant?
<i>Years / Months</i>	<i>Professionally / Academically</i>

**Company / Organization Information**

Company / Organization	Position / Title		
Address	City	State	Zip Code
Program Applying to	Primary Phone(###-###-####)		

**Degree(s) Earned Information**

Do you have an MSW degree?

YES  NO

Do you have a PhD in Social Work or Related Degree?

YES  NO

School Name for MSW degree	School Name for PhD in Social Work or Related Degree
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If neither of the above, what degree(s) do you have and from what school?

Degrees(s) earned	School Name
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## *Applicant Evaluation*

We appreciate your willingness to serve as a reference for the person applying to our Master of Social Work (MSW) program. We are seeking applicants who are able to succeed in our academic program and cope with the rigors of graduate education. These individuals should possess the personal qualifications essential for professional social work practice. We ask that you answer the following questions about the applicant in a letter you attach to this form. Please keep in mind that the UMass Global, Social Work program is seeking students who can communicate well (both in writing and orally), think critically, and have a commitment to social and economic justice and diversity. Additionally, UMass Global MSW students must be committed to the values and ethics of the social work profession.

Please rate the applicant, relative to other individuals you have known in social work or other human service fields.

<b>Rate the applicant using the following factors on a scale of:</b>	<b>Exceptional (Top 5%)</b>	<b>Outstanding (Top 20%)</b>	<b>Good (Top 35%)</b>	<b>Average (Top 50%)</b>	<b>Below Average (Bottom 50%)</b>	<b>No Basis for judgment</b>
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity/Ethical behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential to enhance the lives of people s/he will serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional demeanor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects individual differences/diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts constructive criticism & acts upon it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to learn appropriate technologies related to performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. How would you describe the applicant's strengths in terms of knowledge, attitudes and skills?

2. How would you describe the applicant's strengths and areas for improvement in terms of knowledge, attitudes and skills?

3. Discuss the applicant's assets and liabilities and how they might affect his/her social work practice?

4. How would you describe the applicant's potential to practice without discrimination and with respect for all people?

5. Please add any other comments.

Please indicate your overall recommendation for this applicant:

- 1  Highly Recommended
- 2  Recommended
- 3  Recommended with Reservations
- 4  Do Not Recommend

Recommender Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Digital signature is acceptable if the form is submitted from the recommender's email address that the applicant listed on their application.

Please submit the complete form directly to [apply@umassglobal.edu](mailto:apply@umassglobal.edu)