** EAST CENTRAL UNIVERSITY**
 **BSW Recommendation Form**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PRINT NAME) is applying for admission to the BSW Program at East Central University. The applicant will appreciate your completing this form and returning it to the Director of the Social Work Program. If you would rather write a letter, either in addition to or in place of this form, please free to do so.

According to the Congressional Family Educational Rights and Privacy Act of 1974(FERPA), I hereby \_\_ ***do*** \_\_\_ ***do not*** waive my rights of access to any and all letters or statements of recommendation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature                                                                               Date

* Approximately how long have you known the applicant? \_\_\_\_\_ Years \_\_\_\_ Months
* How well do you know the applicant? \_\_\_\_ Thoroughly \_\_\_\_ Somewhat \_\_\_\_ A Little
* What is or was your relationship to the applicant?

\_\_\_ Instructor \_\_\_ Employer \_\_\_ Co-Worker \_\_\_ Minister \_\_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate the applicant in the following areas by using the following rating scale:**

***Exceptional 10-9; Above Average 8-7; Average 6-4; Below Average 3-2; Poor 1-0;******Unknown U***

|  |  |  |
| --- | --- | --- |
| \_\_\_\_ Honesty | \_\_\_\_ Compassion for others  | \_\_\_\_ Oral communication skills |
| \_\_\_\_ Emotional maturity | \_\_\_\_ Nonjudgmental | \_\_\_\_ Written communication skills |
| \_\_\_\_ Sensitivity to others | \_\_\_\_ Motivation to work | \_\_\_\_ Ability to follow directions |
| \_\_\_\_ Respect for others\_\_\_\_ Utilizes feedback | \_\_\_\_ Intellectual ability\_\_\_\_ Readily accepts feedback | \_\_\_\_ Shows initiative\_\_\_\_ Respects personal boundaries |

Do you have any information related to character and temperament that would have an impact on the applicant’s ability to be an effective social worker? Please include positive or negative comments on the back of this form.

**Level of Recommendation for this Applicant:**

|  |  |
| --- | --- |
|   \_\_\_ very strong recommendation |  \_\_\_ no recommendation |
|  \_\_\_ strong recommendation  | \_\_\_ recommendation, but with reservations |
|  \_\_\_ average recommendation |  |

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Name) Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature of Reference                                                   Date

Place of employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form to:**

Director, Social Work Program

East Central University

1100 East 14th Street, HR11076/PMB J-7

Ada, OK 74820