**BSW Reference Form: Application to the Social Work Practice Sequence**

|  |
| --- |
| This section to be filled in by applicant. (Please print or type)Maine Street ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Last Name) (First Name) (Middle Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department Degree Sought  OPTIONAL: (This waiver is not required as a condition for admission to or receipt of financial aid or any other services and benefits from the University.) All rights of access to this letter of recommendation conferred by the Family Educational Rights and Privacy Act of 1974 (P.L. 93-380) as amended, or otherwise, are hereby voluntarily waived. DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |

To those asked to submit references:

You have been asked to write a recommendation for this student who is seeking enrollment in the Practice Sequence in the University of Maine Baccalaureate Social Work Program. Our mission is to prepare competent and effective beginning level social work professionals who are committed to practice in public and not-for-profit private agencies serving the people of rural areas and small communities characteristic of the State of Maine.

In your letter of recommendation please describe how long and in what capacity you have known the student, and give your assessment of the student's strengths and limitations relevant to a career in professional social work. We are especially interested in your evaluation of the student's values, ability to relate to people different from herself/himself, written and oral communication skills, and ability to accept and use constructive criticism. Please identify any factors that may need to be surmounted in order for the student to become a competent social worker or which indicate that the student should not pursue social work as a career.

Please seal your letter in the envelope provided by the student, sign your name across the flap, and return it to the student for forwarding to the School of Social Work. If you have questions about the screening process or wish additional information about our BSW Program, please contact me at (207)581-2405. Thank you very much for your contribution to this process. Your early response will expedite the review process for this student.

Sincerely,

Kelly Jaksa, LCSW

BSW Program Coordinator