

**RECOMMENDATION FORM FOR
MASTER OF SOCIAL WORK PROGRAM**

To be completed by the applicant:

Applicant's name: _____ I authorize _____ to
 Social Security Number* _____ complete this recommendation form, with the
 Address: _____ understanding that the information will be kept
 City/State/Zip: _____ confidential.
 If you wish to waive your right to examine the
 recommendation letter submitted by the person to
 whom this form is being given, please sign here.

 Signature of Applicant Date

To the respondent:

The above named person is applying for admission to the Master of Social Work program offered at West Chester University. As part of the administration process the applicant is requesting a reference from you.
 Along with the checklist below, an accompanying separate sheet of paper is required to complete this. Please address your knowledge of the person's capabilities and limitations in relation

to potential education performance, suitability for the social work profession, and specifically for direct social work practice.
 Also on that sheet briefly discuss your assessment of the applicant's integrity, emotional stability, readiness for the rigors of graduate school, ability to work under pressure, and potential as recommendation. a professional social worker.

Please give your appraisal of the applicant on the items listed below of which you have personal knowledge. **Rate the applicant in comparison with others you have known in the same capacity.** Place a check mark at the appropriate rating.

	Limited	Moderate	Strong	Unable to Judge
Overall academic ability	_____	_____	_____	_____
Written communication skills	_____	_____	_____	_____
Oral communication skills	_____	_____	_____	_____
Ability to conceptualize	_____	_____	_____	_____
Ability for positive helping relationships	_____	_____	_____	_____
Energy in helping others	_____	_____	_____	_____
Ability to make mature judgements	_____	_____	_____	_____
Commitment to social justice and human rights	_____	_____	_____	_____
Ability to work with people from differing Backgrounds (e.g. minority, aged, handicapped)	_____	_____	_____	_____
Commitment to social work as a helping Profession	_____	_____	_____	_____
Leadership ability	_____	_____	_____	_____
Ability to work cooperatively with others	_____	_____	_____	_____
Ability to handle situation involving stress	_____	_____	_____	_____
Ability to engage in problem solving	_____	_____	_____	_____

Name of recommender (print)	Date
Signature	Position
Address	Organization
City/State/Zip	Telephone

Note that this information is confidential. West Chester University does not discriminate on the basis of race, religion, sex, national origin, ancestry, age, marital status, sexual orientation, or veteran status.

*Providing your social security number is optional. The University uses it for ID purposes only.

Please mail completed recommendation directly to the Office of Graduate Studies, West Chester University, West Chester, PA 19383