Reference Packet BSW Child Welfare Scholars Application 2023 Cohort

Applicant Information

3 references are required. Please complete the first page with the name of the person you are asking to complete the reference form, indicate whether or not you are reserving your right to read the reference, and then sign. Make sure the bottom of the last page has the name of the person in your program that the reference should be returned to, as well as their email address. Then include this form with your email requesting that a reference be completed. Repeat process for each reference request.

INDIANA CHILD WELFARE SCHOLARS PROGRAM

RECOMMENDATION FORM

TO THE APPLICANT:
Name (PRINT):
As part of the application process for the stipend program through the Indiana Child Welfare Scholars Program you must submit three (3) professional or academic references. Please request reference statements from three (3) persons who have recent knowledge about your academic or professional qualifications. Ask each of them to send the reference statement back to you in a sealed envelope after signing across the seal. Submit those unopened letters together with your application. References from family members will not be accepted. Include, if possible, 1) a reference from an employer; 2) a reference from a supervisor from paid or volunteer work; and 3) a reference from one faculty member. YOUR SIGNATURE IS REQUIRED ON THIS FORM.
NOTICE OF WAIVER
I am aware of my rights under the Family Educational Rights and Privacy Act of 1974 to have access to letters of recommendation written on my behalf. I also understand that by submitting this letter of recommendation with my application packet it becomes the property of the Indiana Child Welfare Scholars Program and therefore my right of access is limited to viewing the document <u>only</u> at the school and I will not be allowed to obtain a copy of the letter from the school. I also understand that my ability to view these documents is contingent upon my being admitted into the Indiana Child Welfare Scholars Program.
It is my desire that this letter be written in confidence and I waive my right of access to read this letter.
I wish to retain my right to read this document once I have been admitted to the Indiana Child Welfare Scholars Program.
Signature Date
You must check one of the above options, sign, and date this waiver if this letter is to be included in your file. Failure to comply will waive the right of the applicant to read this

letter.

TO THE REFERENCE: You have been asked to complete an evaluation on the above named person who is applying for admission to the Indiana Child Welfare Scholars Program. Your candid opinion will be of great assistance to us in evaluating his/her application. Your comments will be confidential if the applicant has waived their right to review. Applicants who are not approved for the program have no access to their file. To help the admissions committee make an informed decision on the applicant's suitability for the program, please answer the following questions.

1. How long and in what capacity have you known the applicant?
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2. Please evaluate the applicant in each of the following areas:

	Limited		Adequate		High	Can't Judge
Level of Maturity And Emotional Stability	1	2	3	4	5	6
Understanding of Self						_

Ability to respect and work with differences in people (i.e. race, class, culture, ethnicity, sexual orientation)

Responsible behavior (attendance, punctuality, etc)

Oral communication skills

Written communication skills

Ability to work with others

Ability to accept constructive feedback

	oinion, what are the applicant's primary	
4. In your op	oinion, what are the applicant's weaknes	sses?
5. What leve	el of critical thinking skills have you obse	erved in the applicant?
(I modelde		
6. I would:	Recommend with enthusiasm	
6. I would:	Recommend with enthusiasm Recommend	
6. I would:	Recommend With reservation	
6. I would:	Recommend	
	Recommend With reservation	
Signature:_	Recommend Recommend with reservation Not recommended	
Signature:_	Recommend Recommend with reservation Not recommended	
Signature:_ Name (print	Recommend Recommend with reservation Not recommended or type)	
Signature:_ Name (print	Recommend Recommend with reservation Not recommended	
Signature: Name (print Organization	Recommend Recommend with reservation Not recommended or type)	Phone #: