

MASTER OF SOCIAL WORK RECOMMENDATION FORM

Name of Applicant _____

Name of Evaluator _____

Position / Title of Evaluator _____

To the Applicant

This recommendation will become part of your admissions file. It will be used only for admissions consideration and will not be disclosed to any unauthorized individual without your consent. You will be accorded access to its contents unless you voluntarily waive your right of access. Please check one of the boxes and sign the statement below.

I have read the information above and hereby (please check) waive do not waive my right of access to this document.

Student Signature _____ Date _____

To the Evaluator

Under the 1974 Family Education Rights and Privacy Act, the applicant named above will have access to this recommendation unless he or she has waived that right.

The person named above is applying for admission as a candidate for the degree of Master of Social Work at the College of Staten Island. This involves not only an intensive program of graduate study, but commitment to a professional career of serious responsibility. You have been selected by the applicant as someone who can be helpful to us in evaluating the applicant's qualifications and readiness to enter graduate school. Strong intellectual ability and effective communication skills are vital qualifications. Equally important are emotional maturity and stability appropriate to the applicant's age. Motivation to enter the field of social work should include an awareness of social issues as well as a deep concern for people. Although people continue to grow and mature, a person who enters a professional school of social work without a good degree of readiness in all these areas is likely to have a difficult experience. Therefore, you can best help the applicant by being frank about limitations as well as strengths. ***We ask that you answer the questions in section one as fully as possible in a written letter, and complete the remaining sections on this form.***

To facilitate the applicant's opportunity for admission, this form and your accompanying letter must be returned to the College of Staten Island, Graduate Admissions Office at 2800 Victory Blvd., Staten Island, NY 10314 as soon as possible, sealed in an envelope, with your signature across the back seal of the envelope.

1. Please answer the following questions as thoughtfully as possible in a letter (on agency letterhead) accompanying this form.

- a.) In what capacity and for how long have you known the applicant? If you have personal knowledge of experience the applicant has in social or human services, indicate the nature of this experience and your assessment of the applicant's performance.
- b.) What do you consider the applicant's major strength(s) as a candidate for professional education in social work?
- c.) In what areas, and to what degree, does the applicant need to strengthen their knowledge, values and skills as a potential professional social worker?
- d.) Where does this applicant rank in relationship to others with whom you have worked during your career (top 5%, top 10%, etc.)?

2. Please give your impression of the applicant's rating in the following areas:

	Excellent	Good	Average	Fair	Poor	Unable to Judge
Emotional maturity						
Ability to accept constructive criticism						
Intellectual ability						
Interpersonal skills						
Teamwork						
Oral communication						
Written communication						
Leadership qualities						
Ability to work with diverse groups						
Values and ethics consistent with social work						
Concern for the well-being of others						
Self-reflection and reflexivity						

3. Summary Evaluation

_____ I *strongly recommend* this applicant for admission and feel that the applicant has the capability to perform at a superior level.

_____ I *recommend* this applicant for admission and feel the applicant's performance should be comparable to that of most graduate students.

_____ I feel that the *applicant's qualifications are marginal*, but if admitted, the applicant would greatly benefit from study in the program.

_____ I *do not recommend* this applicant for admission to the Master of Social Work program.

Name, Title, Highest Earned Degree (please print) _____

Telephone Number _____ **E-mail Address** _____

Signature of Evaluator _____ **Date** _____