REFERENCE for ______________________________________________________

NAME of person providing the reference ________________________________

To the student – Please read and sign below.

The Family Educational Rights and Privacy Act and its amendments guarantee students access to their educational records. Students may, however, waive their right of access to references. The choice of the applicant regarding this reference is indicated below. Failure to sign will indicate acceptance of limited access.

(  ) I do waive my right to inspect contents of the following reference.
(  ) I do not waive my right to inspect contents of the following reference.

Signature: ________________________________ Date: ________________________________

To the person providing the reference – You have been asked by the above student to complete a reference, which will be used in the admission process of the K-State Social Work Program. We appreciate your interest in participating in the admission process. Thank you.

A. Please tell us how long and in what capacity you have known the student.

B. How would you rate the applicant as a potential social worker in the following areas?

1 = I have concerns about this area.
2 = Shows potential to achieve competency in this area.
3 = I have observed this behavior and am confident in the applicant’s ability in this area.

a) Practice personal reflection and self-correction. 1 2 3
b) Demonstrate professional demeanor in behavior, appearance, and communication. 1 2 3
c) Demonstrate effective oral and written communication. 1 2 3
d) Gain sufficient self-awareness to eliminate the influence of personal biases and values in working with diverse groups. 1 2 3
e) Demonstrate professional work habits:
   1. Timely
   2. Dependable
   3. Organization
   4. Trustworthy
   5. Initiative

C. Please feel free to comment on additional strengths and challenges of the applicant.

Printed name/title and agency (if applicable):
_______________________________________________________

Signature :________________________________________________

Date: _______________  Telephone #: ______________

Address: ___________________________________

City/State: ____________________________  Zip: _____________

Please place this reference in a sealed envelope, sign over the seal and return to the student.

The Social Work Program at K-State appreciates your participation in this process.