

SOUTHERN CONNECTICUT STATE UNIVERSITY
School of Graduate Studies
Department of Social Work, MSW Program

LETTER OF RECOMMENDATION

****APPLICANTS ARE RESPONSIBLE FOR SENDING THIS FORM TO THEIR
RECOMMENDERS TO BE UPLOADED WITH THEIR RECOMMENDATION LETTER-THIS
FORM MUST ACCOMPANY EACH LETTER OF RECOMMENDATION****

Statement concerning _____

(Name of applicant)

1. In what capacity and for how long have you known the applicant?

2. Please use the 1-5 scale to evaluate this applicant on the following attributes:

(1-Below average; 2-Average; 3-Good; 4-Very good; 5-Superior; 0-Unable to comment)

Analytic Ability	1	2	3	4	5	0
Capacity to express ideas orally & in writing	1	2	3	4	5	0
Interpersonal skills	1	3	3	4	5	0
Ability to be self-aware	1	2	3	4	5	0
Sensitivity to others	1	2	3	4	5	0
Aptitude for understanding/helping others	1	2	3	4	5	0
Adaptability	1	2	3	4	5	0
Judgement	1	2	3	4	5	0
Creativity	1	2	3	4	5	0
Integrity	1	2	3	4	5	0
Commitment to social work values	1	2	3	4	5	0
Respect for difference/diversity	1	2	3	4	5	0
Ability to effectively communicate	1	2	3	4	5	0
Willingness to accept direction	1	2	3	4	5	0

3. Please comment on the unique strengths of this applicant and the areas in which the applicant needs further improvement and growth.

4. Overall Evaluation:

Highly recommend Recommend with reservations
 Recommend Do not recommend

Name and title of reference writer _____

Signature _____ Date _____