

Pupil Personnel Services Credential

IN SCHOOL SOCIAL WORK



SACRAMENTO STATE
COLLEGE OF CONTINUING EDUCATION

Letter of Reference

Please deliver this form directly to the applicant. The applicant is responsible for submitting all application materials (including letters of reference) in one packet.

Name of Applicant: _____

Note: The Family Education Rights and Privacy Act of 1974 (PL. 93-380) gives students the right to inspect letters of recommendation written in support of applications for admission.

Directions for the Reference

The person named above has applied for admission to the Sacramento State Pupil Personnel Services Credential in School Social Work and has given your name as a reference. The Admission Committee attaches great importance to your personal observations and opinions about the qualifications of the candidate who enters a course of study to become a school social worker. Therefore, we request that you share your frank appraisal of the applicant as compared to other social workers or students that you have worked with or have known. Please share your knowledge of the applicant's strengths as well as negative or questionable attributes. Comments are requested at the end of this form letter.

Please use the following scale to rank the candidate on the items below: (Please check one rating for each item)

5 = Outstanding 4 = Very Good 3 = Good 2 = Average 1 = Poor N/A

	5	4	3	2	1	N/A
1. Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ability to communicate effectively (written)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ability to communicate effectively (oral)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Interest in children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Sensitivity to diverse populations (racial, ethnic, gender, socioeconomic, sexual orientation, disability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Applicant's level of maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Applicant's potential for independent /autonomous practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Ability to work with others and in teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Overall, how would you rate the applicant's potential for school social work practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

We would appreciate your general assessment of the applicant's appropriateness for this course of study. Please attach a separate sheet (on office stationery if available) to this form and comment on the following areas:

1. Intellectual competence 2. Motivation 3. Current practice skills 4. Personal qualities of leadership and/or scholarship

Print Name (Last) _____ (First) _____

Job Title _____ Place of Employment _____

Address (Street) _____ (City) _____ (State) _____ (Zip) _____

Business Phone _____ Email _____

Signature _____ Date _____