

BEHAVIORAL HEALTH WORKFORCE INTEGRATION, SERVICE, AND EDUCATION



BHWISE Field Instructor Reference Letter

(Student name) is applying for the Behavioral Health Workforce Integration Support and Education (BHWISE) Fellowship. Your impressions of this student will be used by the selection committee to assess the student's appropriateness for this program. If you have additional questions about BHWISE, please contact Michele Beaulieu, LCSW-C at <u>mbeaulieu@ssw.umaryland.edu</u> or 410-706-1076.

<u>Section 1:</u> Please rate the student on the following areas using the numbered scale below:

- 1=Exceptional: "One of the top three students I have had in this area."
- 2=Good: "Strong student, minimal guidance needed in this area."
- 3=Fair/Developing: "Needs feedback but responds appropriately in this area."
- 4=Below Average: "Needs more feedback and education than expected."
- 5=Concerning: "Patterns of problematic behavior in this area."

9=Unknown

- _____ *Professionalism* (dress, appearance and conduct)
- _____ Integrity (upstanding in dealing with clients, data, and following agency policy)
- _____ Time Management (on time, meets deadlines, plans ahead as needed, juggles multiple tasks)
- _____ *Perseverance* (willing to continue to work with clients or projects that may present challenges)
- _____ *Empathy* (positive regard and ability to relate to clients)
- _____ *Cultural Competence* (interacting with diverse clients and colleagues)
- *Written Communication* (effective written work, reports, memos, etc.)
- _____ Verbal Communication (effectively exchanging information with clients, colleagues, etc.)

<u>Section 2:</u> Please provide a brief description of the student's work ethic, interaction with clients, and promise as a social worker.

<u>Section 3:</u> How do you think this student would perform in an environment where s/he would deliver clinical services to children, youth, young adults and families with behavioral health needs? Would you have any concerns regarding this student working in such a practice setting? If so, please describe.

I verify that the above information is accurate to the best of my knowledge.

Printed name:	Signature:
Agency/Organization Affiliation:	Title:

Please scan and/or email to BHWISE@ssw.umaryland.edu by 11/15/15.