

Calvin College
Bachelor of Social Work Program
Professional Letter of Reference

TO BE COMPLETED BY APPLICANT

Please print your name and indicate whether or not you wish to waive your right to access this letter.

Name of Applicant _____

I am aware of my rights under the Family Educational Rights and Privacy Act of 1974 to access letters of recommendation written on my behalf.

- It is my desire that this letter be written in confidence, and I, therefore wish to waive my right to access this letter.
- I wish to retain my rights of access.

Date _____ Signature _____

TO BE COMPLETED BY THE REFEREE

The applicant named above has selected you as a reference for admission to Calvin College's Bachelor of Social Work Program. We would appreciate your candid evaluation of this applicant's suitability for a career as a helping professional.

Please answer the questions on this form as completely as possible. Additional comments are most welcome. The applicant's materials are not complete until the reference letters are received. Your prompt reply will assure that the application is reviewed in a timely fashion. Thank you very much for your assistance.

Please answer the following questions:

1. How many hours has the applicant served at this site? _____ hours

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

3. Please comment on the applicant's experience in the broad area of social service.

4. What do you consider the applicant's major strengths and limitations as a candidate for a career in social work?

Based on other students you are familiar with, rate the applicant's abilities in these areas:

Abilities	Not Acceptable	Below Average	Average	Above Average	Exceptional	Not Observed
Intellectual capacity	1	2	3	4	5	N/O
Emotional maturity	1	2	3	4	5	N/O
Interpersonal skills	1	2	3	4	5	N/O
Commitment to social justice	1	2	3	4	5	N/O
Respect for individuals	1	2	3	4	5	N/O
Self-awareness	1	2	3	4	5	N/O
Commitment to diversity	1	2	3	4	5	N/O
Communication skills	1	2	3	4	5	N/O
Ability to accept constructive criticism	1	2	3	4	5	N/O
Dependability	1	2	3	4	5	N/O

Printed Name _____ Date _____

Signature of Referee _____ Phone: (____) _____

Title _____

Agency/Business _____

Business Address _____

**Please mail this form to Kristen Admiraal, Dir. of Social Work,
Calvin College, 3201 Burton St. SE, Grand Rapids, MI 49546 or send
a scanned version via e-mail to kadmir42@calvin.edu or fax (616) 526-7662.**