

INDIANA CHILD WELFARE SCHOLARS PROGRAM

RECOMMENDATION FORM

TO THE APPLICANT:

Name (PRINT): _____

As part of the application process for the stipend program through the Indiana Child Welfare Scholars Program you must submit three (3) professional or academic references. Please request reference statements from three (3) persons who have recent knowledge about your academic or professional qualifications. Ask each of them to send the reference statement back to you in a sealed envelope after signing across the seal. Submit those unopened letters together with your application. **References from family members will not be accepted.** Include, if possible, 1) a reference from an employer; 2) a reference from a supervisor from paid or volunteer work; and 3) a reference from one faculty member. **YOUR SIGNATURE IS REQUIRED ON THIS FORM.**

NOTICE OF WAIVER

I am aware of my rights under the Family Educational Rights and Privacy Act of 1974 to have access to letters of recommendation written on my behalf. I also understand that by submitting this letter of recommendation with my application packet it becomes the property of the Indiana Child Services Welfare Scholars Program and therefore my right of access is limited to viewing the document only at the school and I will not be allowed to obtain a copy of the letter from the school. I also understand that my ability to view these documents is contingent upon my being admitted into the Indiana Child Welfare Scholars Program.

_____ It is my desire that this letter be written in confidence and I waive my right of access to read this letter.

_____ I wish to retain my right to read this document once I have been admitted to the Indiana Child Welfare Scholars Program.

Signature

Date

You must check one of the above options, sign, and date this waiver if this letter is to be included in your file. Failure to comply will waive the right of the applicant to read this letter.

TO THE REFERENCE: You have been asked to complete an evaluation on the above named person who is applying for admission to the Indiana Child Welfare Scholars Program. Your candid opinion will be of great assistance to us in evaluating his/her application. Your comments will be confidential if the applicant has waived their right to review. Applicants who are not approved for the program have no access to their file. To help the admissions committee make an informed decision on the applicant's suitability for the program, please answer the following questions.

1. How long and in what capacity have you known the applicant? _____

2. Please evaluate the applicant in each of the following areas:

	Limited		Adequate		High	Can't Judge
	1	2	3	4	5	6
Level of Maturity And Emotional Stability	___	___	___	___	___	___
Understanding of Self	___	___	___	___	___	___
Ability to respect and work with differences in people (i.e. race, class, culture, ethnicity, sexual orientation)	___	___	___	___	___	___
Responsible behavior (attendance, punctuality, etc)	___	___	___	___	___	___
Oral communication skills	___	___	___	___	___	___
Written communication skills	___	___	___	___	___	___
Ability to work with others	___	___	___	___	___	___
Ability to accept constructive feedback	___	___	___	___	___	___

3. In your opinion, what are the applicant's primary strengths?

4. In your opinion, what are the applicant's weaknesses?

5. What level of critical thinking skills have you observed in the applicant?

6. I would:

- Recommend with enthusiasm
- Recommend
- Recommend with reservation
- Not recommended

Signature: _____

Date: _____

Name (print or type) _____

Organization: _____

Phone #: _____

TO THE REFERENCE: You have been asked to complete an evaluation on the above named person who is applying for admission to the Indiana Child Welfare Scholars Program. Your candid opinion will be of great assistance to us in evaluating his/her application. Your comments will be confidential if the applicant has waived their right to review. Applicants who are not approved for the program have no access to their file. To help the admissions committee make an informed decision on the applicant's suitability for the program, please answer the following questions.

NAME OF APPLICANT:

1. How long and in what capacity have you known the applicant?

2. Please evaluate the applicant in each of the following areas:

NAME:	Limited		Adequate		High	Can't Judge
	1	2	3	4	5	N/A
Level of Maturity and Emotional Stability						
Understanding of Self						
Ability to respect and work with differences in people (i.e. race, class, culture, ethnicity, sexual orientation)						
Responsible behavior (attendance, punctuality, etc)						
Oral communication skills						
Written communication skills						
Ability to work with others						
Ability to accept constructive feedback						

3. In your opinion, what are the applicant's primary strengths?

4. In your opinion, what are the applicant's weaknesses?

5. What level of critical thinking skills have you observed in the applicant?

6. I would:

- Recommend with enthusiasm
- Recommend
- Recommend with reservations
- Not recommend

Signature:

Date:

Name (print or type):

Organization: **Ball State University**

Phone #: