UNIVERSITY OF WISCONSIN-MILWAUKEE
Helen Bader School of Social Welfare
Child Welfare Training Program

Instructions for Letter of Reference

One letter of reference is required for admission to the BSW component of the Child Welfare Training Program. You must obtain this letter from someone who has direct knowledge of your academic ability. This should be a current or past college-level classroom instructor. Do not include friends or relatives.

On the lines provided below, type the name, position, street address, city, state, and zip code of the person you select. Give this person a copy of pages 2 and 3 of this form, along with a self-addressed envelope. The reference must be submitted on forms supplied by the School of Social Welfare and must be returned with your completed application in an envelope signed and sealed by your reference person.

1. Name:__________________________________________
   Position or Title: ________________________________________________________________
   Organization: _________________________________________________________________
   Address: _______________________________________________________________________
   Address: _______________________________________________________________________
   City: __________________________________________ State: __________________________
   Zip: ______________________
To Applicant: Please complete this section prior to sending the form to your reference person.

Applicant Name __________________________________________________________

Do we have your permission to telephone this reference person for additional information, if necessary?

Yes      No          ___
__________________________________
Applicant Signature

Under provisions of Public Law 93-310, the Family Educational Rights and Privacy Act of 1974, and under University guidelines pursuant to that Act, a student (defined as any person who has been officially admitted and registered at the University of Wisconsin-Milwaukee) has the right to review recommendations made in his/her behalf unless the student waives this right at the time the recommendation is solicited.

If you wish to waive your right to review, please indicate by signing below.

________________________________________________________________________________________________
Applicant Signature                                           Date

To Reference Person:

Please return this form and accompanying letter(s) TO THE APPLICANT in the self-addressed envelope provided by the applicant. Please be certain to seal the envelope and sign your name across the seal on the back. Applicants must submit a complete application, including all reference letters, no later than December 10, 2010. We cannot consider letters received after this deadline.

Name __________________________________________ Title and Degree __________________________________________
Address __________________________________________ Occupation __________________________________________
City __________________ State ________ ZIP code ________ Phone Number ________________________________

How long have you known the applicant? __________________________________________________________

What is your relationship to the applicant? __________________________________________________________
A. Please rate this candidate in terms of his/her abilities for graduate study.

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<th>Below Average (Lower 50%)</th>
<th>Average (Upper 50%)</th>
<th>Good (Upper 25%)</th>
<th>Excellent (Upper 10%)</th>
<th>Not Observed</th>
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<td>Intellectual Potential</td>
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<td>Performance Under Stress</td>
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<td>Communication Skills: Oral</td>
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<td>Communication Skills: Written</td>
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<td>Ability to Work With Others</td>
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<td>Motivation for Graduate Study</td>
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<td>Responsible Behavior</td>
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<td>Demonstrates Initiative</td>
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<td>Creativity in Work Settings</td>
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B. Recommendation

No, I do not recommend admission. Yes, I recommend admission.

(Please explain in Part C below.)

Yes, I recommend admission, but with reservations.

(Please explain in Part C below.)

C. Written Comments. Please attach a letter assessing the applicant’s strengths and weaknesses as a BSW student and prospective Initial Assessment social worker in child welfare.

Signature ___________________________ Date __________________

Title __________________________________________________________