

Recommendation Form BHIPP Program • Salisbury University



Make Tomorrow Yours

5

The applicant named below has applied for a Specialized Practice in Clinical Social Work and Advocacy f eld placement through the SU BHIPP (Behavioral Health Integration in Pediatric Primary Care) Program. Completion of this form will assist with the intern selection process. Your answers on the rating scale below will help in determining whether this placement is a strong match for this applicant. Your assistance is appreciated.

PLEASE SUBMIT THE COMPLETED REFERENCE FORM TO JAN MCINTYRE, LCSW-C: jcmcintyre@salisbury.edu.		
Applicant Name:		
ength of time and capacity in which you have known the applicant (academic, feld, professional other):		
Please use the following 3-point scale to evaluate the student on the following list of criteria		
Academic performance in class		
Ability to analyze and respond to a problem/situation in an appropriate manner Professionalism		
Emotional maturity		
Critical thinking		
Interpersonal skills		
Leadership		
Assertiveness		
Ethical practice		
Performance in previous f eld work		
For any criterion that was noted as "Needs Improvement," please provide a brief explanation of why this rating was selected.		
For any criterion that was noted as "Exceeds Expectations," please provide a brief explanation of why this rating was selected.		
Select the number that most accurately represents your opinion of the applicant's readiness for a BHIPP Intern placement.		

3

2

1

Please utilize the area provided below to comment on the student's a opportunity. When possible, please use specific examples based on years.		
Please feel free to submit any additional information below if needed.		
Name of Person Completing Form:		
Title:		
Agency Name:	Phone Number:	
Signature:	Date:	