**Southern Connecticut State University**

**Doctorate of Social Work**

**Recommendation Form**

**To the applicant:**

This form should be given to individuals who are able to rate your ability, potential, and readiness for doctoral level education and to have an impact in the social work profession.

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To the recommender:**

The person whose name appears above is seeking admission to Southern Connecticut State University’s Doctorate of Social Work (DSW) Program and has requested that your evaluation be included as part of the information upon which their admission will be decided.

The Doctor of Social Work (DSW) at Southern Connecticut State University is a professional doctorate that prepares master’s-level social workers for organizational leadership and management, advanced clinical practice, or university teaching. It is offered in a three-year, part-time format, which allows students to maintain their employment while pursuing their degree.

Please provide a candid assessment of the applicant’s strengths and areas of improvement with regard to their potential as a doctoral student and future leader in the field by checking the appropriate rating boxes and providing a brief explanation supporting your rating.

Thank you for your willingness to evaluate the above-noted student. Should you have any questions about completing this form, please contact Dr. Elizabeth Keenan, keenane1@southernct.edu.

**Southern Connecticut State University**

**Doctorate of Social Work**

**Recommendation Form**

1. How long have you known the applicant?
2. In what capacity have you known the applicant? (e.g., student, co-worker, employee)

**Ratings:**

Please rate the applicant, on the grid below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Exceptional (Top 1-5%) | Outstanding (Top 6-20%) | Good (Top 21-35%) | Average (Top 36-50%) | Below Average (Bottom 50%) | Unable to rate |
| Applicant clearly express ideas and concepts in written form |  |  |  |  |  |  |
| Applicant communicates ideas and concepts clearly to others |  |  |  |  |  |  |
| Applicant demonstrates initiative to address psychosocial or organizational problems  |  |  |  |  |  |  |
| Applicant exercises sound judgment in their practice |  |  |  |  |  |  |
| Applicant evidences personal and professional integrity |  |  |  |  |  |  |
| Applicant demonstrates creativity (e.g., ingenuity, innovative, resourcefulness) |  |  |  |  |  |  |
| Applicant’s professional practice or work is consistent with social work values |  |  |  |  |  |  |
| Applicant demonstrates cultural humility in one’s practice or work |  |  |  |  |  |  |
| Applicant demonstrates a capacity for self-reflection and to adjust their actions accordingly |  |  |  |  |  |  |
| Applicant demonstrates the ability to lead, influence, or participate in team, group, or organizational change |  |  |  |  |  |  |

**Open-ended questions:**

1. Please assess the applicant’s capacity or experience with Supervision, Leadership, and/or Management.
2. Do you believe the applicant has the capacity to significantly impact their area of practice/work?
3. What do you consider to be the applicant’s major strengths and areas that need support as a candidate for doctoral education in social work?

**Summary Evaluation**

 \_\_\_\_\_\_ I strongly recommend this applicant for admission and feel that the applicant has the capability to perform at a superior level.

 \_\_\_\_\_\_ I recommend this applicant for admission and feel the applicant’s performance should be comparable to that of most doctoral students.

 \_\_\_\_\_\_ I feel that the applicant’s qualifications are marginal, but, if admitted, the applicant would greatly benefit from study in the program.

 \_\_\_\_\_\_ I do not recommend this applicant for admission to the Doctorate of Social Work program.

Name and title of reference writer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_