

Recommendation FormBHIPP Program • Salisbury University



1

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.		
Length of time and capacity in which you have known the applicant (academic, f eld, professional other): Please use the following 3-point scale to evaluate the student on the following list of criteria		
	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.	
Soloct the numb	or that most accurately represents your opinion of the applicant's readiness for a RHIPD Intern placement	

3

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:	