

# Social Work Program Applicant Recommendation Form

## Section 1: To be completed by student

Instructor Name \_\_\_\_\_ Course # \_\_\_\_\_ Semester & Year Completed \_\_\_\_\_

I, \_\_\_\_\_, hereby give permission to the instructor listed above to complete this recommendation form for my application to the Social Work Program.

Please check one:     I waive my right to review this recommendation form.  
                               I retain my right to review this recommendation form.

Student signature/ date: \_\_\_\_\_

## Section 2: To be completed by instructor

Instructor, please rate the student on a scale of 1 to 5, with 1 indicating the student has **never demonstrated** the skill and with 5 indicating the student **consistently demonstrated** the skill:

Regular attendance in weekly chat session 1      2      3      4      5	Comments:
Active participation in class discussion 1      2      3      4      5	Comments:
The ability to follow instructions, asking relevant questions about expectations if/when necessary 1      2      3      4      5	Comments:
Submission of assignments in a timely manner 1      2      3      4      5	Comments:
Satisfactory quality of work 1      2      3      4      5	Comments:
Please include any additional comments that would assist in the determination process:	

Instructor signature/date: \_\_\_\_\_

**\*Instructor, please forward this form directly to the Social Work Program Director, Mr. Todd Palmer, at [todd.palmer@brescia.edu](mailto:todd.palmer@brescia.edu). Thank you for your time.**