

THE UNIVERSITY of TENNESSEE 
CHATTANOOGA

University of Tennessee
At Chattanooga

Child Welfare Initiative

Child Welfare Stipend and Non-Stipend Program Application

University of Tennessee At Chattanooga
Child Welfare Initiative
(423) 425-5628
207 Hunter Hall
Dept # 3133
615 McCallie Avenue
Chattanooga, TN 37403



University of Tennessee at Chattanooga Child Welfare Initiative
Child Welfare Stipend and Non-Stipend Program Application

Dear prospective student,

Thank you for your interest in the Child Welfare Program at the University of Tennessee at Chattanooga. Contained in this application packet are a number of important documents that must be thoroughly completed in order to be considered for acceptance into the University of Tennessee at Chattanooga Child Welfare Stipend/Non-Stipend Program.

Please review these important points regarding the application process and the UTC Child Welfare Stipend Training Program:

- All applicants must be accepted into the University of Tennessee at Chattanooga Bachelors of Social Work (BSW) before they are eligible for acceptance into the Child Welfare Stipend/Non-Stipend training programs. Those applicants that desire to be in the Child Welfare Stipend Program are required to be classified as full-time students taking a minimum of 12 credit hours of course work each semester at UTC to remain in the program once accepted.
- Prospective students may submit their completed application packets to the Child Welfare Stipend/Non-Stipend program before acceptance into the BSW program, but applications will be considered incomplete until the applicant's date of acceptance into the BSW program has been verified.
- There are three reference requests contained in the application packet. All three reference documents must be completed and on file with the UTC Child Welfare Initiative office before an application will be considered.
- The applicant must complete a 3-4 page paper that explores 5 essay-style questions regarding the applicant's interest in the child welfare profession. The applicant will submit a hard copy of this document with the completed application and send an electronic copy to the attention of Mr. Craig Pressley @ Craig-Pressley@utc.edu.
- The application process requires the prospective student to complete two interviews. The first interview will be conducted by the staff and faculty of the University of Tennessee at Chattanooga Department of Social Work and community partners of the UTC Child Welfare Initiative. Those applicants selected will be interviewed a second time by representatives from the Tennessee Department of Children's Services. Applicants will be contacted for interviews after their completed application packets have been received and the applicant's eligibility is determined.

Again, thank you for your interest in the Child Welfare training programs at the University of Tennessee at Chattanooga. I look forward to meeting you and assisting you in fulfilling your professional goals as well as supporting the children and families of Tennessee through your service and dedication as a future social work professional.

If you have questions about the UTC Child Welfare training program or application please the UTC Child Welfare Initiative at (423) 425-5268 or email at Jananna-Cornett@utc.edu if you have any questions.

Tennessee Child Welfare Title IV-E BSW Program Application Checklist

(for University Title IV-E Coordinator application packet review and record keeping only)

Student's name: _____ Semester _____ Year _____

1. Applicant submitted three (3) letters of recommendation.

2. Verified the applicant has a valid motor vehicle operator license.

3. Verified the applicant meets the necessary grade point average requirement for the undergraduate social work degree program.

4. Verified the applicant has a minimum of three semesters remaining prior to graduation, but no more than four (4) semesters. Full-time summer term enrollment may be considered a semester, provided that the student is taking courses required by the undergraduate social work degree program for graduation.

5. All required information and signatures were recorded on the Application for Tennessee Child Welfare Title IV-E BSW Program, and Tennessee Child Welfare Title IV-E BSW Program Agreement* These two documents comprise the application packet.

6. The application packet was submitted to the Tennessee Center for Child Welfare (TCCW) Program Coordinator.

7. Applicant completed the Title IV-E BSW Program Student Application 3 – 4 page paper addressing the **five essay-style questions**. A copy of this document was submitted with the student's application to the program. The applicant also sent an electronic copy of the paper to the attention of Mr. Craig Pressley at the following email address:

This document must be in .doc, .pdf, or .rtf formatting.

***Please make sure all forms are completed prior to submission to TCCW.
Blanks or incomplete information on any form can cause a delay in the processing of the application paperwork.**

Tennessee Department of Children Services
Application for Tennessee Child Welfare Title IV-E BSW Program

Date of Application ___/___/____ University ID Number _____

Name _____
(Print) Last First Middle Maiden Name

Permanent Address _____
(Print) Street or Box No. City State Zip Code

Telephone Number (_____) _____ Email Address: _____

Current Address _____
(Print) Street or Box No. City State Zip Code

Current Telephone No. (_____) _____ School Email Address _____

Date of Birth ___/___/____ Are you a U.S. citizen? ____ Yes ____ No
 Month Day Year

Are you a Tennessee Resident? ____ Yes ____ No In which Tennessee County? _____

The following information is being gathered in this block for compliance with federal laws. Your responses are voluntary. Any information provided will be kept confidential. If you do not choose to answer these questions, you will not be subject to any adverse treatment in the application process.

Gender: [] Male [] Female

Race: [] Alaskan Native [] Native American Indian [] Asian or Pacific Islander
 [] Black [] Hispanic [] White [] Other

University currently attending _____

Overall G.P.A. _____ Social Work G.P.A. _____

Anticipated semester and year of graduation _____

Do you speak any additional language(s) ____ Yes ____ No If YES, please list: _____

cc: Department of Children's Services, State Office of Human Resource Development

Have you taken or are you currently enrolled in any college level Spanish classes?

Yes No If YES, please list: _____

Have you ever been convicted and/or currently on probation for any misdemeanor or felony charge(or any equal offense under military law)?

If yes, give details on a separate sheet of paper for each conviction. Include (1) date, (2) charge, (3) place, (4) court, and (5) action taken. You must disclose any conviction involving a sentence or suspended sentence. You may omit: (1) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court; (2) any conviction which has been expunged under Federal or state law. A conviction will not necessarily disqualify you from the Title IV-E BSW program. A conviction will be evaluated on its own merits with respect to time, circumstances, and seriousness. YES NO

Have you ever been identified as an indicated perpetrator of child abuse or neglect by the Tennessee Department of Children's Services or in any other state? YES NO

If yes, provide dates and an explanation and attach to this application.

Prior to the beginning of the DCS office field placement that is required by the Tennessee Child Welfare Title IV-E BSW Program and later for employment with the Tennessee Department of Children's Services, I agree to submit to criminal background checks.

I agree to submit to the Tennessee Bureau of Investigation Sexual Offenders Registry check by the Tennessee Department of Children Services to determine if my name is identified on the registry maintained by the TBI in accordance with Tennessee Code Annotated 40-30-106.

I further understand that, upon receipt of the results of the criminal background, CPS perpetrator records, and Sexual Offenders Registry checks, the Tennessee Department of Children's Services (DCS) may disqualify me from participating in the DCS office field placement or from DCS employment.

As part of the Tennessee Department of Children's Services volunteer and/or hiring application process, I agree to be fingerprinted and authorize the release of any investigative and criminal records obtained by the Federal Bureau of Investigation and the Tennessee Bureau of Investigation to the Department of Children's services (TCA 38-6-114; TCA 71-3-533). If accepted into the Title IV-E program, I agree to release verification of grades, maintain a positive academic standing and appropriate progress toward the degree and notify my Title IV-E University Coordinator of any problems with the above.

___/___/_____
Date

Signature of Applicant

Students, accompanied by Department of Children’s Services (DCS) personnel, must be able to respond quickly to emergency calls. When accompanying DCS staff, they will need to be able to make emergency home visits throughout their DCS office’s geographical area, entering various types of dwellings – trailers, homes, apartments, etc. Do you have any limitations that could interfere with your performing such demanding work? _____ YES _____ NO

If yes, please explain: _____

Please Note: DCS shall attempt to place the students in the DCS service region of their choice, if possible. If DCS determines based upon current staffing levels there are no employment opportunities in the DCS service region of the student’s choice, the student will be required to accept a position in another DCS service region.

Certification and Agreement

I certify that the forgoing information provided by me is true and complete to the best of my knowledge and understand that any willfully false statement is sufficient cause for rejection of this application or, if Title IV-E financial assistance has been awarded, for the termination of this award and repayment of funds received. I understand that the Tennessee Child Welfare Title IV-E BSW Program is a joint effort of the University and the Tennessee Department of Children Services, and this application will be reviewed by both entities.

___/___/___
Date

Signature of Applicant

University Office Use Only Date Application Received by University: ____/____/____

Tennessee Department of Children's Services
Notification of Title IV-E BSW Certification Program Eligibility
(BSW Non-Stipend Student)

Date of Notification: __ / __ / ____ University ID Number _____

Name _____
(Print) Last First Middle Maiden Name

Permanent Address _____
(Print) Street or Box No. City State Zip Code

Telephone Number (____) _____ Email Address: _____

Current Address _____
(Print) Street or Box No. City State Zip Code

Current Telephone No. (____) _____ School Email Address _____

Date of Birth __ / __ / ____ Are you a U.S. citizen? ____ Yes ____ No
 Month Day Year

Are you a Tennessee Resident? ____ Yes ____ No In which Tennessee County? _____

The following information is being gathered in this block for compliance with federal laws. Your responses are voluntary. Any information provided will be kept confidential. If you do not choose to answer these questions, you will not be subject to any adverse treatment in the application process.

Gender: [] Male [] Female

Race: [] Alaskan Native [] Native American Indian [] Asian or Pacific Islander

 [] Black [] Hispanic [] White [] Other

Received at least a "B" in both Child Welfare I and II courses ____ Yes ____ No
Completed DCS office field placement of a minimum of 370 hours ____ Yes ____ No
County of DCS field placement? _____
University currently attending _____ Date of graduation __ / __ / ____
Overall G.P.A. _____ Social Work G.P.A. _____
Do you speak any additional language(s) ____ Yes ____ No If YES, please list: _____

Signature _____ Date __ / __ / ____

cc: Department of Children's Services, State Office of Human Resource Development

Tennessee Child Welfare Title IV-E BSW Program Agreement
Between
Tennessee Department of Children’s Services
And

_____, **STUDENT**

The TN Department of Children’s Services (hereafter referred to as the “Agency”) and _____ (hereafter referred to as the “Student”) do hereby make and enter into this mutual agreement for the academic semester starting _____ / _____ as specified below: (semester) / (year)

I. The Agency Agrees to:

A. Pay the student’s university in-state semester tuition and fees as a full-time (as defined by the Student’s university) undergraduate student, pursuing an undergraduate degree in Social Work at one of the eleven (11) universities participating in this program (Austin Peay State University, East Tennessee State University, Freed Hardeman University, Middle Tennessee State University, Southern Adventist University, Tennessee State University, Union University, University of Memphis, University of Tennessee at Chattanooga, University of Tennessee at Knoxville, and University of Tennessee at Martin). Students pursuing an undergraduate degree in Social Work at the in-state private institutions of Freed Hardeman University, Union University, or Southern Adventist University, will be required to pay the difference between the highest semester tuition of the eight (8) participating public universities and the semester tuition cost at the four private institutions. A Student must have a minimum of three (3) semesters or maximum of four (4) semesters remaining before graduation in order to qualify for this program. Full-time summer term enrollment (as defined by the student’s university) can be considered a semester provided that the student is taking courses required by that university’s undergraduate Social Work degree program. For universities charging per credit hour for summer term enrollment, the maximum number of credit hours financially covered by this agreement will be twelve (12) credit hours.

Not pay the tuition and fees and corresponding stipend payment a second time for any course in which the student did not receive a passing grade (as defined by the student’s university undergraduate social work degree program). If the Student receives a grade of “incomplete” for any course paid under this program, the Student must successfully complete this course and receive a passing grade within (1) semester of receiving the first “incomplete” for this course.

Provide a stipend payment to be used for the purchase of textbooks, living expenses and reimbursement for travel expenses related to participating in this program. The amount of the stipend will be re-evaluated and if necessary, readjusted at the beginning of each new academic year (fall semester). The summer stipend amount is less than the spring and fall semester amounts. The Student will not receive tuition and stipend payments for more than four (4) semesters. The tuition and stipend payments will be paid directly

to the Student and the tuition and stipend payments will be considered by the financial aid or business office as part of the student's overall financial aid package. In the event that the Agency reduces the stipend amount received by the Student, the Agency will provide the university Title IV-E BSW Program Coordinator and the Student with a thirty (30) day notice of its intention to reduce the stipend payment amount.

- C. Assist the Student in acquiring employment consistent with state personnel employment requirements for a Family Service Worker position within the Agency. Nothing in this agreement shall obligate that the Agency employ the Student. The job position and work location will be determined by the Agency and will be subject to change at the discretion of the Agency. The Agency shall attempt to place the Student in the DCS service region of choice, if possible. If no position is available in the DCS service region of choice, the Student will be required to accept a position in another service region in Tennessee.
- D. Not hold the Student responsible for repayment of the remaining amount of financial assistance received through the Agreement if the Student's employment is terminated by the Agency due to a reduction-in-workforce before completion of the employment requirement under the terms of this Agreement.

II. The Student Agrees to:

- A. Complete the necessary academic requirements for the undergraduate social work degree program of the Student's selected university within two years of beginning this program, the student has applied for and been granted a one (1) semester extension for hardship by the Agency. As part of the necessary requirements, the Student will be required to successfully complete and receive a minimum grade of "B" for the Child Welfare I & II courses offered by the Student's university and successfully complete a field placement of a minimum of 370 hours in a Tennessee DCS Office.
- B. Maintain an overall GPA of 3.0 for each semester of financial assistance received under the terms of this Agreement.
- C. Maintain full-time status in the fall, spring or summer semesters (as defined by the Student's university) for each semester of financial assistance received under the terms of this Agreement. The minimum number of credit hours to qualify as full-time enrollment cannot include the credit hours for any failed course being taken a second time.
- D. Receive passing grades for a minimum of twelve (12) credit hours for each semester of financial assistance received under the terms of this Agreement.
- E. Attain a passing grade within (1) semester of receiving a grade of "incomplete" for any course paid under this Agreement.

- F. Attend all student meetings, orientations, trainings, retreats and conferences associated with this program.
- G. Promptly pay for any other tuition, fees or other school-related expenses, which are not specified as being paid by the Agency in this agreement.
- H. Immediately inform the Title IV-E BSW Program University Coordinator of any academic problems, name and personal contact information changes or when dropping/withdrawing from a course during the semester.
- I. Submit any non-academic complaints or grievances regarding the terms of the Agreement in writing to TCCW for review by the Title IV-E BSW Program Review Board and consultation with the Tennessee Department of Children's Services.
- J. Authorize the University to submit to the Tennessee Center for Child Welfare and the Agency all required documentation each semester, such as class schedules and grade records, for the verification of enrollment status and satisfactory course completion.
- K. Inform TCCW and the Agency if the Student must interrupt his/her studies and/or delay graduation or required employment due to personal hardship. The Student may request permission from the Agency to delay the employment obligation requirement. This written request should indicate when the Student intends to recommence and complete the program. Medical documentation, university faculty and/or Title IV-E BSW Program Coordinator notes should be attached to the written request. DCS will respond in writing within 30 days of receipt of the Student's written request.
- L. Apply for and accept full-time employment with the Tennessee Department of Children's Services in a Graduate Trainee or Family Service Worker position in the Department of Children's Services. The Student must follow state personnel procedures for hiring and must submit electronically an employment application to the State of Tennessee Department of Human Resources within sixty (60) days and no later than 30 days prior to graduation. The application must document the willingness to accept a position in any DCS service region in the state that the Agency has a vacancy.
- M. Actively seek employment with the Agency, by responding to or not declining to all Agency employment interviews and accepting any position offered by the Agency for which the Student is qualified. In the event that the Agency determines that the Student intentionally failed the employment interview(s), so as not to be offered a job position, the Student must repay the amount of financial assistance received under the terms of this Agreement.
- N. Authorize the Tennessee Center for Child Welfare to track the Student's Agency employment for two (2) years after Agency employment.

- O. Successfully complete the initial probationary period for the Family Service Worker position and based upon the number of semesters the student received tuition/stipend payments, remain employed with the Agency for a minimum of eighteen months (3 semesters of assistance) or two years (4 semesters of assistance) after graduation.
- P. Repay the Agency the cost of tuition and stipend paid by the Agency to the university and the Student if the Student fails to meet any of the terms of this Agreement. Repayment will be made in a manner and time frame determined by the Agency. In the event of litigation related to repayment of tuition and stipends paid by the Agency, the Student will be required to pay all attorney fees, court costs and/or any other ancillary costs associated with the collection process.

III. Cancellation of this Agreement

- A. During the period of this agreement the Agency may cancel the Student's participation in the Certification Program for "cause". "Cause" may include, but is not limited to, breach of any term of this Agreement, breach of the NASW Social Work Code of Ethics, failure to maintain required academic standards, violation of school rules resulting in disciplinary action, conviction of a crime involving a child, and any actions which would result in separation or dismissal under the state personnel laws. Should this agreement be cancelled for "cause" the Student will repay the Agency as outlined in Section II, paragraph M.
- B. In the event of changes in funding for this program, the Agency reserves the right to terminate the Agreement at any time. However, if the Agreement is terminated due to "no fault" on the part of the Student, the Student will not be obligated to make any repayment to the Agency.
- C. All non-academic disputes arising from this agreement shall be submitted to in writing to TCCW for review by the Title IV-E BSW Program Review Board and consultation with the Agency. There is no further appeal available and the decision of the Title IV-E BSW Program Review Board will be considered final.
- D. If hardship, such as death, personal illness, permanent disability or failure to find Agency employment within one (1) year after graduation due to no fault of the student, the student must make a request in writing to the Agency, requesting permission to waive the employment requirement. The circumstances supporting the request must be fully documented with evidence, e.g. medical documentation, employer notes, evidence of comprehensive Agency employment search, etc.

IV. Period of the Agreement

This agreement shall cover the academic year starting _____ (semester) _____ (year) plus an equal amount of time of full-time required employment with the Agency thereafter as stipulated in Section II, paragraph O.

Name of University _____

University ID Number _____

I do hereby confirm that I fully understand the above terms of this agreement and do hereby agree to abide by them as a participant in the Tennessee Child Welfare Title IV-E BSW Program.

Student

__/__/____
Date

DCS – Appointing Authority or Designee

__/__/____
Date

Original to: TCCW Program Coordinator

Copies to: Student and Title IV-E University Coordinator and Tennessee Department of Children’s Services

Title IV-E BSW Program Student Application Letter
to
University Selection Committee
(for University Selection Committee review and record keeping only)

Applying student needs to complete and attach a three or four page paper to this application which responds to the following:

1. If you had to explain the term “child welfare” to someone, what would you say?
2. Why are you interested in the field of public child welfare?
3. What qualities do you feel that you have that would make you a good public child welfare worker?
4. Discuss areas where you need further exposure, growth, and development in order to become an effective child welfare worker.
5. Describe your short-term (5 years from now) and long-term goals.

**Tennessee Child Welfare Title IV-E BSW Program
Reference Recommendation Form**
(for University Selection Committee review and record keeping only)

TO THE TITLE IV-E BSW PROGRAM APPLICANT:

Please print your name: _____

Please request reference statements from three (3) persons who have recent knowledge about your qualifications. Ask each of them to send it back to you in a sealed envelope after signing across the seal. Submit those unopened letters together with your application. References must not come from relatives. Include, if possible, a) one employer and b) one supervisor from your volunteer work at an agency, and c) one faculty member excluding social work faculty. **YOUR SIGNATURE IS REQUIRED ON THIS FORM.**

Under the Family Educational Rights Act of 1974, students are entitled to review their records, including letters of recommendation. It is your option to waive your right to review this recommendation, or you may decline to do so. If you waive your right to review your recommendation forms, these evaluations will be considered confidential and will not be available for your inspection should you be accepted for admission to the program. Please mark the appropriate statement below, indicating your choice of option, and sign your name.

_____ I waive my right to review this recommendation.

_____ I do not waive my right to review this recommendation.

Applicant's signature (REQUIRED): _____

Date: __ / __ / ____ Name (print): _____

TO THE REFERENCE: You have been asked to complete an evaluation of the above named individual who is applying for admission to the Tennessee Child Welfare Title IV-E BSW Program. Your candid opinion will be of great assistance to us in evaluating his/her application. Your comments will be confidential if the applicant has waived right to review. All recommendations are destroyed once an applicant has been approved for admission. (Note: Applicants not approved for admission have no access to their file.) To help the University Selection Committee make an informed decision on the applicant's suitability for the program, please answer the following questions.

1. **How long and in what capacity have you known the applicant?**

2. **Please evaluate the applicant in each of the following areas:**

	Limited	Average	High	Can't Judge		
	1	2	3	4	5	6
Level of Maturity and Emotional Stability						
Understanding of Self						
Sensitivity to Needs and Feelings of Others						
Ability to Respect and Work with Differences in People (i.e. race, class, culture, ethnicity, sexual orientation)						
Oral Communication Skills						
Written Communication Skills						
Ability to Work with Others						
Ability to Accept Constructive Feedback						

3. **In your opinion, what are the applicant's major strengths?**

4. **In your opinion, what are the applicant's weaknesses?**

5. **I would:**

- Recommend without reservation
 Recommend
 Recommend with reservation
 Not recommend

Signature: _____ Date: __ / __ / ____

Name (print or type): _____ Date: __ / __ / ____

Organization: _____ Telephone: _____

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Please print your name: _____

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2. **Please evaluate the applicant in each of the following areas:**

	Limited	Average	High	Can't Judge		
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Level of Maturity and Emotional Stability						
Understanding of Self						
Sensitivity to Needs and Feelings of Others						
Ability to Respect and Work with Differences in People (i.e. race, class, culture, ethnicity, sexual orientation)						
Oral Communication Skills						
Written Communication Skills						
Ability to Work with Others						
Ability to Accept Constructive Feedback						

3. **In your opinion, what are the applicant's major strengths?**

4. **In your opinion, what are the applicant's weaknesses?**

5. **I would:**

- Recommend without reservation
- Recommend
- Recommend with reservation
- Not recommend

Signature: _____ Date: __ / __ / ____

Name (print or type): _____ Date: __ / __ / ____

Organization: _____ Telephone: _____

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Ability to Respect and Work with Differences in People (i.e. race, class, culture, ethnicity, sexual orientation)						
Oral Communication Skills						
Written Communication Skills						
Ability to Work with Others						
Ability to Accept Constructive Feedback						

3. **In your opinion, what are the applicant's major strengths?**

4. **In your opinion, what are the applicant's weaknesses?**

5. **I would:**

- Recommend without reservation
 Recommend
 Recommend with reservation
 Not recommend

Signature: _____ Date: __ / __ / ____

Name (print or type): _____ Date: __ / __ / ____

Organization: _____ Telephone: _____