Pupil Personnel Services Credential

IN SCHOOL SOCIAL WORK

SACRAMENTO STATE
COLLEGE OF CONTINUING EDUCATION

Letter of Reference

Please deliver this form directly to the applicant. The applicant is responsible for submitting all application materials.

Name of Applicant: _____

Note: *The Family Education Rights and Privacy Act of 1974 (P.L. 93-380) gives students the right to inspect letters of recommendation written in support of applications for admission.*

Directions for the Professional Reference

The person named above has applied for admission to the Sacramento State Pupil Personnel Services Credential in School Social Work program and has given your name as a professional reference. Please share your knowledge of the applicant's strengths as well as their challenges. We request your comments at the end of this form.

Please use the following scale to rank the candidate on the items below: (Please check one rating for each item)
5 = Outstanding 4 = Very Good 3 = Good 2 = Average 1 = Poor N/A

	5	4	3	2	1	N/A
1. Academic performance	☐	☐	☐	☐	☐	☐
2. Ability to communicate effectively (written)	☐	☐	☐	☐	☐	☐
3. Ability to communicate effectively (oral)	☐	☐	☐	☐	☐	☐
4. Interest in helping children succeed in the school system	☐	☐	☐	☐	☐	☐
5. Sensitivity to diverse populations (racial, ethnic, gender, socioeconomic, sexual orientation, disability)	☐	☐	☐	☐	☐	☐
6. Applicant's level of maturity	☐	☐	☐	☐	☐	☐
7. Applicant's potential for independent /autonomous practice	☐	☐	☐	☐	☐	☐
8. Ability to work with others and in teams	☐	☐	☐	☐	☐	☐
9. Overall, how would you rate the applicant's potential for school social work practice?	☐	☐	☐	☐	☐	☐

10. How long have you known the applicant? ☐ Less than 1 year ☐ 1-3 years ☐ 4 or more years

Comments (800 character limit)

Professional Reference Information

Print Name (Last) (First)

Job Title Place of Employment

Address (Street) (City) (State) (Zip)

Business Phone Email

Signature Date