



**The University of Akron School of Social Work and The County of Summit
Alcohol, Drug, and Mental Health Board Reference Letter Form**

Return Reference Letter to:

**Sylvester M Huston III, MSW, LSW, Behavioral Health Partnership Coordinator
smh271@uakron.edu**

To the Applicant: Please provide the information requested in number 1, 2 & 3 and then give this form to the recommender.

1. Name of Applicant _____
Last First Middle

2. Read the statements below and sign on the line that reflects your choice:

- The Family Education Rights and Privacy Act (FERPA) of 1974 entitles students to have access to the references in their permanent record at The University of Akron. The applicant may waive this right of access, in which case the reference will be considered by The University of Akron and will not be available to the student. The reference will also be shared with county child welfare agency.
- _____ I do **not** waive my right to access this reference letter.

Applicant Signature _____

- If you wish to waive your right to access this reference, sign your name on the line below the following statement:
- I, the undersigned, hereby waive all rights or privileges provided by Public Law 93-380 to inspect or challenge the content and comments appearing in this reference. I agree that the observations made in this reference should be confidential between the writer, The University of Akron and the designated county – Children Services agency.
- _____ I **waive** my right to access this reference letter.

Applicant Signature _____

3. Name of Recommender: _____

To the Recommender: The person requesting this reference letter is a student at The University of Akron, School of Social Work and Family Sciences, who has applied for the Behavioral Health Partnership Program (B.H.P.P). This means that the student will be using social work education to prepare for employment in community behavioral health centers. Candidates for B.H.P.P are chosen jointly by The University of Akron and representative(s) from the ADM Board, as well as provider agencies. Some benefits are available to students who successfully complete the social work program and obtain employment in a community behavior health center partnered with the County of Summit ADM Board. We are asking for reference letters to help us determine if the student's strengths and abilities are a good match for the demands of community behavior health work. Your letter may be shared with the different County of Summit ADM agencies as part of establishing the student's field placement.

Student Name: _____

Recommender: _____

Please include in your letter the following information:

- How long and in what capacity have you known the student?
- Student's ability to learn new concepts.
- Student's ability to learn new job-related tasks.
- Student's ability to organize when there are many tasks to complete.
- Student's dependability.
- Student's skill level related to taking initiative.
- How student gets along with supervisors and co-workers.
- Student's ability to relate to people from diverse backgrounds.

Please describe what you believe to be the student's major strengths and any areas that may be deficient.

Recommender's Signature

Date

Recommender's Name (Type or Print)

Position or Title

Recommender's Phone Number