



## Professional Reference Form

Student Name: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Title: \_\_\_\_\_ Agency/School: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Based on your experience with this individual, please answer the following questions including the matrix on the second page.

1. How long have you known the student? \_\_\_\_\_
2. Capacity in which you've known this student? \_\_\_\_\_

### Pre-Professional Competencies

Please place an "X" in the appropriate boxes for each skill or behavior

Competency	Not Acceptable (1)	Needs Improvement (2)	Acceptable (3)	Outstanding (4)	Not Observed (0)	Score
Ethical Behavior						
Reliability						
Ability to Manage Stress						
Ability to Relate to People						
Professional Appearance						
Self-Awareness						
Respect for Others						
Organization & Motivation						

Competency	Not Acceptable (1)	Needs Improvement (2)	Acceptable (3)	Outstanding (4)	Not Observed (0)	Score
Critical Thinking						
Social Skills						
Oral & Written Communication						
Recommendation	1 I do not feel this student is an appropriate candidate for this field	2 I have concerns about the student entering this field	3 With education, student could be a good social work candidate	4 Student is an appropriate social work candidate	5 Student is a terrific social work candidate	Score (Include Comp. & Rec.)
Appropriate candidate for the Social Work Program						

Please elaborate on any of the ratings or add further comments.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Typed or digital signature will be accepted)

*Thank you very much for your time!*

*Please return this form directly to the Social Work Program at [socialwork@lcsc.edu](mailto:socialwork@lcsc.edu) with the student's initials in the subject line if the student indicated that they waived their rights to view the reference in their initial email. If not, please return this form to the student.*