To be completed by the Applicant:

Name of Applicant: (Please print)__________________________

In accordance with the Family Education Rights and Privacy Act of 1974, I give permission to release confidential information for the purpose of an application for the Social Work Mental Health Educational Stipend Program at California State University, Chico, Chico, CA.

**Important:** (check one)  I do (     )       do not (     )      waive my right to review this letter of reference.

<table>
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<tr>
<th>Signature of Applicant</th>
<th>Date</th>
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To be completed by the Reference: The above-named person is applying for an internship at California State University, Chico Wellness Center. Your assessment of this Applicant will greatly assist us in the selection process.

(1) **Awareness of Population Served:** Knowledge of individuals with mental illness, specifically individuals diagnosed with severe mental illness or co-occurring mental health/substance abuse issues.

(2) **Use of Recovery Principles:** Does the student demonstrate recovery and empowerment approach in their work with consumers or at your agency.

(3) **Emotional & Mental Capacity:** Seeks counseling or support if personal problems (psychosocial distress, substance abuse, mental health) compromise performance, interfere with professional judgment &/or behavior, or jeopardize consumers' interests.

(4) **Professional Commitment:** Demonstrates commitment to serving those diagnosed with mental illness and co-occurring mental health/substance abuse issues.

(5) **Professional Behavior:** Works effectively with consumers and staff. Advocates for self in appropriate manner & uses proper channels for conflict resolution. Shows willingness to accept supervision in positive manner to enhance professional development.

(6) **Self Awareness:** Knows own limitations as related to professional capacities & willing to examine & change behavior when working w/consumers & other professionals.

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<th>Skills &amp; Abilities</th>
<th>Strong Skill</th>
<th>Average Skill</th>
<th>Minimal Skill</th>
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<td>(1) Awareness of Population Served</td>
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<td>(2) Use of Recovery Principles</td>
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<td>(4) Professional Commitment</td>
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<td>(5) Professional Behavior</td>
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<td>(6) Self Awareness</td>
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~OVER~
4. How would you describe this applicant’s suitability for work in a mental health setting?

5. How would you describe them if they were a colleague?

6. What is your overall recommendation of this Applicant?  (Check only one)
   - Highly Recommend – I highly recommend this Applicant for the Mental Health Stipend Program and feel that he/she has the capability to perform at a superior level.
   - Recommend – I recommend this Applicant for the Mental Health Stipend Program and feel his/her performance should be comparable to that of most graduate students.
   - Marginally Recommend – I feel that the Applicant’s qualifications are marginal; but if selected, this Applicant would greatly benefit from study in the program.
   - Not Recommended – I do not recommend this Applicant for the Mental Health Stipend Program.

7. Comments:

Signature of Reference _______________________________ Date __________

Name (please print) _______________________________

Position _______________________________ Employer _______________________________

Business Address: _______________________________

Telephone Number: _______________ E-Mail: _______________________________

Contact Chris Sims at the Counseling and Wellness Center 530-898-6345 if you have questions regarding this form or the procedure. Please place this completed form in a sealed envelope, sign over the seal, and return it to the Applicant to include for submission with his/her application packet, which is due no later than Wednesday, March 13, 2018 (5:00 p.m.) THANK YOU FOR YOUR ASSISTANCE!