School of Social Work,
California State University (CSU), Chico
REFERENCE FORM

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.
Signature of Applicant _____ Date _____

To be completed by the Reference: The above-named person is applying for an internship at CSU, Chico WellCat Counseling Center. Your assessment of this Applicant will greatly assist us in the selection

(Check the rating that best describes the Applicant.)

Skills & Abilities	Strong Skill	Average Skill	Minimal Skill	No Skill
(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.				

~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: _____

Please email this form directly to me, Roxy Eberhardt **rleberhardt@csuchico.edu** no later than Friday, March 25, 2022 by 5:00 p.m. For additional questions regarding this form or the procedure, please contact **Roxy Eberhardt** at the WellCat Counseling Center via her email address or by leaving a message with front office staff at **530-898-6345**. THANK YOU FOR YOUR ASSISTANCE!