

Applicant must complete reverse side.

Reference Letter for All One-Year Residence (OYR) Applicants Only

One of three required letters of reference

Applicant's Name _____

TO THE REFERENCE WRITER

Please type or print legibly.

The above-named person has applied for admission to our Master of Social Work Program and has given your name as a reference. Your candid assessment of the applicant's potential for graduate social work education as well as information about your agency would be greatly appreciated. Applicants should be mature and emotionally stable and demonstrate a capacity for self-awareness and personal growth.

1. How long and in what connection or capacity have you known the applicant?

2. On the chart below, please indicate by number your evaluation of this applicant's ability in each category. Obviously, applicants will be stronger in some areas than in others. Using the 1-5 scale, rank this applicant on each of the following attributes.

Score	Evaluation (Please Circle)						Scale
Analytic ability	1	2	3	4	5	0	1 BELOW AVERAGE
Intellectual capacity	1	2	3	4	5	0	2 AVERAGE
Level of maturity and emotional stability	1	2	3	4	5	0	3 GOOD
Ability to be self-examining and self-aware	1	2	3	4	5	0	4 VERY GOOD
Sense of responsibility/follow-through	1	2	3	4	5	0	5 SUPERIOR
Sensitivity to needs and feelings of others	1	2	3	4	5	0	0 UNABLE TO JUDGE
Ability to respect and work with differences in people (e.g., race, class, culture, and ethnicity)	1	2	3	4	5	0	
Concern and commitment to work toward solving social problems	1	2	3	4	5	0	
Leadership ability	1	2	3	4	5	0	
Willingness to accept direction and/or supervision	1	2	3	4	5	0	
Creativity	1	2	3	4	5	0	
Ability in oral communication	1	2	3	4	5	0	
Ability in written communication	1	2	3	4	5	0	
Motivation for chosen field	1	2	3	4	5	0	
Integrity	1	2	3	4	5	0	

3. Written Narrative Statement on proper letterhead (to be attached to this form)

- a. Assess the applicant's academic and professional promise.
- b. Discuss the attributes that most strongly recommend this applicant.
- c. In which area does the applicant need the most growth or improvement?

4. Summary Evaluation: Please indicate the strength of your overall recommendation.

- Highly recommend
 Recommend
 Recommend with reservations noted
 Do not recommend

5. See reverse: agency information questionnaire.

Please attach this form to your written narrative statement and return in a sealed envelope to the applicant or to

New York University
Silver School of Social Work
Office of Admissions
1 Washington Square North
New York, NY 10003-6654

Thank you for your thoughtful and prompt reply.

**TO BE
COMPLETED
BY THE
APPLICANT
BEFORE
SENDING TO
REFERENCE
WRITER**

Prospective student _____ has applied for the One-Year Residency (OYR) program at the Silver School of Social Work. This is a three-year program. The first two years are of consecutive agency employment (current), followed by a 900-hour placement within the student's agency during the third year (in a different capacity/role from the first two years). In order to assist us in determining suitability of this student and your agency for our program, please answer the following questions:

- Is your agency:
- A current field site for the Silver School (NYU)?
 - A new agency to the Silver School?
 - A field site for other accredited MSW programs?

If new, please answer the following and submit available descriptive materials, such as brochures, articles, or annual reports:

Name of agency _____

Address _____

Phone: () _____ E-mail: _____ Fax: () _____

Supervisor's Name _____ Supervisor's contact information: _____

Agency function, size, population served _____

Are you a single or multiple site agency? _____

Number of social work staff _____ Number of SIFI-certified field instructors _____

Social worker(s) role at agency _____

Hosting an OYR student is a three-year commitment on the part of your agency. Do you anticipate any reasons why your agency would not be able to accommodate the student's field learning requirements?

PROGRAM OPTION APPLIED FOR:

- | | |
|---|---|
| <input type="checkbox"/> Two-Year | <input type="checkbox"/> Extended OYR |
| <input type="checkbox"/> 16-Month Accelerated | <input type="checkbox"/> Dual Degree with the School of Law |
| <input type="checkbox"/> Advanced Standing | <input type="checkbox"/> Dual Degree with the Robert F. Wagner
Graduate School of Public Service |
| <input type="checkbox"/> Transfer Student | <input type="checkbox"/> Dual Degree with Sarah Lawrence College |
| <input type="checkbox"/> 32-Month | <input type="checkbox"/> Dual Degree with the Global Master's Program in Public Health |
| <input type="checkbox"/> Extended | |

Many writers prefer that their letters be confidential. Under the Family Educational Rights and Privacy Act of 1974, the University may guarantee confidentiality only if you waive your right to access.

Please indicate below:

- I waive my rights to future access to this reference.
- I do not waive my rights to future access to this reference.

Applicant's Name _____
(PLEASE PRINT)

Signature of Applicant _____ Date _____

Name of Reference Writer (include title and credentials, e.g., MSW, PhD, etc.) _____
(PLEASE PRINT)

Signature of Reference Writer _____ Date _____