

Recommendation Form
BHIPP Program • Salisbury University



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The applicant named below has applied for a Specialized Practice in Clinical Social Work and Advocacy field placement through the SU BHIPP (Behavioral Health Integration in Pediatric Primary Care) Program. Completion of this form will assist with the intern selection process. Your answers on the rating scale below will help in determining whether this placement is a strong match for this applicant. Your assistance is appreciated.

PLEASE SUBMIT THE COMPLETED REFERENCE FORM TO JAN MCINTYRE, LCSW-C: jcmcintyre@salisbury.edu.

Applicant Name: _____

Length of time and capacity in which you have known the applicant (academic, field, professional other):

Please use the following 3-point scale to evaluate the student on the following list of criteria

- Academic performance in class
- Ability to analyze and respond to a problem/situation in an appropriate manner
- Professionalism
- Emotional maturity
- Critical thinking
- Interpersonal skills
- Leadership
- Assertiveness
- Ethical practice
- Performance in previous field work

For any criterion that was noted as “Needs Improvement,” please provide a brief explanation of why this rating was selected.

For any criterion that was noted as “Exceeds Expectations,” please provide a brief explanation of why this rating was selected.

Select the number that most accurately represents your opinion of the applicant’s readiness for a BHIPP Intern placement.

5	4	3	2	1
Recommend without reservation		Recommend with reservation		Recommend against

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The BHIPP Program requires providing brief interventions for patients who are accessing behavioral health services through their primary care providers, applicants must have a fundamental interest in serving this population and the professional ability to work within a multidisciplinary team. They must also be able to think analytically and conceptually, formulate mature judgments, and express themselves clearly, both verbally and in writing. Successful applicants must be able to demonstrate the capacity for self-direction and self-evaluation while using supervision appropriately.

Please utilize the area provided below to comment on the student's ability to meet the requirements of this internship opportunity. When possible, please use specific examples based on your experiences with the applicant.

Please feel free to submit any additional information below if needed.

Name of Person Completing Form: _____

Title: _____

Agency Name: _____

Phone Number: _____

Signature: _____

Date: _____