

Recommendation Form

BHIPP Program • Salisbury University



Make Tomorrow Yours

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.

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 o	capacity in which you have known the applicant (academic, field, professional other):		
Please use the follo	wing 3-point scale to evaluate the student on the following list of criteria		
3 – Exceeds Expectations	Academic performance in class		
3 – Exceeds Expectations	Ability to analyze and respond to a problem/situation in an appropriate manner		
3 – Exceeds Expectations	Professionalism		
3 – Exceeds Expectations	Emotional maturity		
3 – Exceeds Expectations	Critical thinking		
3 – Exceeds Expectations	Interpersonal skills		
3 – Exceeds Expectations	Leadership		
3 – Exceeds Expectations	Assertiveness		
3 – Exceeds Expectations	Ethical practice		
3 – Exceeds Expectations	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 tl	hat most accurately represents your opinion of the applicant's readiness for a BHIPP Intern placement.		
□ 5	☐4 ☐3 ☐2 ☐1		
Recommend withou			



Recommendation Form

BHIPP Program • Salisbury University



Make Tomorrow Yours

The BHIPP Program requires providing brief interventions for patients who through their primary care providers, applicants must have a fundamental professional ability to work within a multidisciplinary team. They must also be formulate mature judgments, and express themselves clearly, both verbally an able to demonstrate the capacity for self-direction and self-evaluation whil	nterest in serving this population and the able to think analytically and conceptually, d in writing. Successful applicants must be
Please utilize the area provided below to comment on the student's ability to opportunity. When possible, please use specific examples based on your ex	
Please feel free to submit any additional information below if needed.	
Name of Person Completing Form:	
Title:	
Agency Name: Phone	e Number:

Signature: Date: