



Social Service Worker Program Reference Form

This form is to be completed by the applicant's reference.

Return to: Admissions Office
 Coast Mountain College
 5331 McConnell Ave
 Terrace BC V8G 4X2
 Tel: 250-635-6511
 Fax: 250-638-5432

CONFIDENTIAL REPORT ON APPLICANT
 FOR ADMISSION TO SSW PROGRAM

_____ (name of applicant)

Has applied for admission to the Social Service Worker Program and has selected you as a reference.
 Please complete to the best of your knowledge.

Note: *Under the 1993 Freedom of Information and Protection of Privacy Act applicants my request a copy of this report.*

How long have you known the applicant? _____

In what capacity? _____

Number of hours of volunteer or work experience(if applicable) _____

Part 1: To what extent has the applicant demonstrated the following:
 (Please check accordingly)

	Superior	Good	Average	Fair	Cannot Judge
Intellectual ability					
Creative and Independent Thought					
Sensitive to Social Problems					
Integrity					
Maturity					
Verbal Communication					
Written Communication					
Capacity for Personal Change					
Ability to Relate to Others					
Ability to Perceive and Solve Problems					

If you have taught this person in an Academic course, where would you rate the applicant in relation to Academic Performance? (Top 5%, 10%, 25%, 50%, etc) _____

Part 2: Where possible, please comment on your perception of the applicant in the following areas:

1. Motivation and desire to enter the indicated program

2. Ability to deal with stressful situations

3. Strengths and limitations

Additional comments about the applicant's suitability to work in the Social Service Worker Program

Name of Reference: _____

(Please Print)

(Signature)

Position in Agency/Organization _____

Agency/Organization _____

Address _____

Daytime phone number _____

Thank you for your thoughtful attention to this recommendation.