

NAME OF APPLICANT:

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students may, however, waive their right of access to recommendations. The choice of the applicant regarding this recommendation is to be indicated below. Failure to sign will constitute acceptance of limited access.

I waive my right to review this reference

I retain my right to review this reference

Applicant Signature

Date

The above-named applicant is applying for a Child Welfare Stipend Award through the Idaho Department of Health & Welfare. Your thoughtful reference is very important, as it will play a key role in the selection decisions.

Name of Person Providing the Reference:

Relationship to Applicant: I know the Applicant

Please provide information on the applicant in terms of each of the following goals:

**LEADERSHIP:** This applicant demonstrates vision and practice consistent with “best practices” principles in their work with clients, staff, and community partners; inspire others’ is committed to lifelong learning for self and others; expresses confidence in self and in colleagues, and demonstrates an ability to lead others by:

**COMMITMENT:** This applicant has expressed and demonstrated a desire to obtain a career in the field of child welfare, and has shown a commitment to practice this profession in the State of Idaho by:

RELATIONSHIP CAPACITY: This applicant has demonstrated collaborative, collegial community relationships by:

ETHICS: This applicant has shown skills of self-evaluation through appropriate use of supervision and ethical behavior as defined by the National Association of Social Workers Code of Ethics by:

CUSTOMER SERVICE: This applicant had demonstrated appropriate empathy and supports client efforts through collaboration, advocacy and timely communication. This has been demonstrated through:

Please address your plan to support this applicant in an academic program. Emphasize ideas that you believe will advance their education and “new learning” in child welfare practice. Please comment on any additional strengths you would like for us to consider, or limitations you have identified in this applicant’s ability to complete the program for which this award is being presented. If you and the applicant have discussed performance or professional goals, include those in this statement. This statement is critical to the academic planning with this applicant and we want to thank you in advance for your candid assessment of this applicant.

Reference Signature

Date

USE THIS SPACE FOR ADDITIONAL COMMENTS:

Thank you for your thoughtful completion of this Reference Form.

**Please return your completed application packet to your Faculty Field Coordinator:**

**If applying to Boise State University School of Social Work Child Welfare Program**

Boise State University  
ATTN: Alyssa Reynolds, MSW, LCSW  
1910 University Drive  
Boise, ID83725-1940  
Email: [alyssareynolds@boisestate.edu](mailto:alyssareynolds@boisestate.edu)

**If applying to Idaho State University Department of Sociology, Social Work, and Criminal Justice**

Idaho State University  
ATTN: Jenna Thompson  
921 S. 8th Avenue  
Campus Box 8114  
Pocatello, ID 83209-8114  
Email: [jennathompson@isu.edu](mailto:jennathompson@isu.edu)

**If applying to Lewis-Clark State's School of Social Work**

Lewis-Clark State  
ATTN: Ramon Royce, L.M.S.W.  
500 8th Avenue  
SPH 303A  
Lewiston, ID 83501  
Email: [rbroyce@lcsc.edu](mailto:rbroyce@lcsc.edu)