**Foundation Field Instructor Reference Letter for UM-HEALS Application**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student name) is applying for the Social Work Healthcare Leadership and Scholars (HEALS) program at the University of Maryland School of Social Work. Your candid and confidential impressions of this student will be used by the selection committee to assess the student’s appropriateness for this program.

**Section 1: Please rate the student on the following areas where 1=Exceptional (top 5% of students you have worked with); 2=Good (top 15% of students of students you have worked with); 3=Fair/Developing; 4=Below Average; 5=Concerning; 9=Unknown]**

\_\_\_\_\_ ***Professionalism*** (dress, appearance and conduct)

\_\_\_\_\_ ***Integrity*** (upstanding in dealing with clients, data, and following agency policy)

\_\_\_\_\_ ***Time Management*** (on time, meets deadlines, plans ahead as needed, juggles multiple tasks)

\_\_\_\_\_ ***Perseverance*** (willing to continue to work with clients or projects that may present challenges)

\_\_\_\_\_ ***Empathy*** (positive regard and ability to relate to clients)

\_\_\_\_\_ ***Cultural Competence*** (interacting with diverse clients and colleagues)

\_\_\_\_\_ ***Written Communication*** (effective written work, reports, memos, etc.)

\_\_\_\_\_ ***Verbal Communication*** (effectively exchanging information with clients, colleagues, etc.)

**Section 2: Please provide a brief description of the student’s work ethic, interaction with clients and colleagues at your agency, and overall professionalism.**

**Section 3: What strengths would the student bring to interprofessional teamwork addressing the clinical and psychosocial needs of individuals with complex health needs and their families? What do you perceive as the student’s greatest learning needs to be successful on interprofessional healthcare teams?**

I verify that the above information is accurate to the best of my knowledge.

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency/Organization Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email directly to mbellin@ssw.umaryland.edu **by February 18, 2019**