LETTER OF REFERENCE

Applicant: ________________________________
Person providing reference and relationship to applicant: ________________________________

This letter of reference is for The University of Montana’s School of Social Work Child Welfare Training Partnership (MCWTP), please comment on the following:

1. The applicant’s experience working with children and families.
2. The applicant’s experience with and capacity culturally competent practice with diverse individuals and families.
3. The applicant’s commitment to the field or working with families and children at risk.
4. The applicant’s potential for completing the prescribed course of study and fulfilling their employment obligation.
5. The applicant’s potential for making a professional contribution in either a direct service or administrative role with Child and Family Services Division.

I hereby waive the right to view my letters of reference.

Signature ___________________________ Date ___________________________

Please mail or fax to:

Charlie Wellenstein
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The University of Montana
Missoula, MT 59812
Fax: (406) 243-5275