**BHWISE Lifespan Faculty Reference Letter**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Student name) is applying for a Behavioral Health Workforce Integration Support and Education (BHWISE) Fellowship.

Your impressions of this student will be used by the selection committee to assess the student’s appropriateness for this program. If you have additional questions about BHWISE, please contact Michele Beaulieu, LCSW-C at [mbeaulieu@ssw.umaryland.edu](mailto:mbeaulieu@ssw.umaryland.edu) or 410-706-1076.

**Section 1: Please rate the student on the following areas using the numbered scale below:**

**1=Exceptional: “Outstanding student; stands out among peers.”**

**2=Good: “Strong student, minimal guidance needed; consistently takes initiative”**

**3=Fair/Developing: “Needs feedback but responds appropriately in this area.”**

**4=Below Average: “Needs more feedback and education than expected.”**

**5=Concerning: “Patterns of problematic behavior in this area.”**

**9=Unknown**

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

\_\_\_\_\_ ***Integrity*** (upstanding in dealing with peers, class work, and following school & course policy)

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

\_\_\_\_\_ ***Perseverance*** (willing to continue to work on projects that may present challenges)

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

\_\_\_\_\_ ***Written Communication*** (able to communicate clearly through email and on written

assignments

\_\_\_\_\_ ***Verbal Communication*** (effectively communicates thoughts and ideas)

\_\_\_\_\_ Would **highly recommend.**

\_\_\_\_\_ Would **recommend with reservations.**

\_\_\_\_\_ Would **not recommend.**

**Section 2: Would you have any concerns with placing this student in an environment where s/he/they would deliver clinical behavioral health services to vulnerable or underserved populations? If so, please describe.**

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email to [BHWISE@ssw.umaryland.edu](mailto:BHWISE@ssw.umaryland.edu) **by 1/1/2024**.