**Substance Use Disorder Workforce Expansion (SUDWE) Fellowship**

 **Professional/Academic Reference Letter**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_(**Student/Employee** name) is applying for a Behavioral Health Workforce Integration Support and Education (BHWISE) Fellowship specifically intended to advance and increase the social work behavioral workforce in substance use treatment.

Your impressions of this **student/employee** will be used by the selection committee to assess this individual’s appropriateness for this program. If you have additional questions about SUDWE, please contact LaTavia Little, LCSW-C at latavia.little@ssw.umaryland.edu or Monifa Johnson, LCSW-C at Monifa.johnson@ssw.umaryland.edu.

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

**1=Exceptional: “One of the top five students I have had.”**

**2=Good: “Strong student, minimal guidance needed.”**

**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)

**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, specifically individuals impacted by substance use disorders? If so, please describe.**

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

Course Title: (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency: (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email to BHWISE@ssw.umaryland.edu **NO LATER THAN** **3/15/2024**