

Behavioral Health Partnership Program Reference Letter Form



The University of Akron

College of Health and Human Sciences



TO THE APPLICANT

Full Name: |

FERPA Statement and Waiver:

The Family Educational Rights and Privacy Act (FERPA) of 1974 provides students the right to access their educational records, including references. You may choose to waive this right. Your decision will not affect your application.

Please read the statements below and sign under your selection.

I do not waive my right to access this reference letter.

Applicant Signature:

Date:

I waive my right to access this reference letter.

I, the undersigned, hereby waive all rights provided under Public Law 93-380 to inspect or challenge the content of this reference. I agree that this reference will remain confidential between the writer, The University of Akron, and the designated County of Summit Children Services agency.

Applicant Signature:

Date:

Recommender's Name:

TO THE RECOMMENDER

The student listed above is enrolled in the School of Social Work and Family Sciences at The University of Akron and is applying for the Behavioral Health Professional Pathway (B.H.P.P.) program. This program prepares students for employment in community behavioral health centers partnered with the County of Summit Alcohol, Drug, and Mental Health (ADM) Board.

Students selected for the B.H.P.P. are jointly chosen by The University of Akron, the ADM Board, and partner agencies. Your reference will assist in determining if the applicant's strengths align with the demands of community behavioral health work.

Please note: This reference letter may be shared with County of Summit ADM Board agencies to assist in placement decisions.

Student Name:

Recommender Name:

Behavioral Health Partnership Program Reference Letter Form



The University of Akron

College of Health and Human Sciences



TO THE RECOMMENDER

In your reference letter, please address the following:

- How long and in what capacity you have known the student.
- The student's ability to learn new concepts.
- The student's ability to learn new job-related tasks.
- The student's organizational skills when managing multiple tasks.
- The student's dependability and reliability.
- The student's initiative and leadership abilities.
- How the student interacts with supervisors and co-workers.
- The student's ability to relate to people from diverse backgrounds.
- The student's major strengths, and any areas for potential growth.

Recommender Signature:

Date:

Recommender Name (Print):

Position or Title:

Phone Number:

Return completed reference letter to:

Sylvester M. Huston III, MSW, LISW

Behavioral Health Campus Coordinator

Email: smh271@uakron.edu

Thank you for taking the time to complete this reference. Your feedback is vital to our selection process and is greatly appreciated.

Behavioral Health Partnership Program Reference Letter Form



The University of Akron

College of Health and Human Sciences



REFERENCE LETTER

Return completed reference letter to: Sylvester M. Huston III, MSW, LISW
Behavioral Health Campus Coordinator
Email: smh271@uakron.edu