



**The University of Akron School of Social Work and The County of Summit
Alcohol, Drug, and Mental Health Board Reference Letter Form**

Return Reference Letter to:

Please provide the information requested in number 1, 2 & 3 and then give this form to the recommender.

1. Name of Applicant _____
Last First Middle

2. Read the statements below and sign on the line that reflects your choice:

The Family Education Rights and Privacy Act (FERPA) of 1974 entitles students to have access to the references in their permanent record at The University of Akron. The applicant may waive this right

Please include in your letter the following information:

How long and in what capacity have you known the student?

Student's ability to learn new concepts.

Student's ability to learn new job-related tasks.

Student's ability to organize when there are many tasks to complete.

Student's dependability.

Student's skill level related to taking initiative.

How student gets along with supervisors and co-workers.

Student's ability to relate to people from diverse backgrounds.

Please describe what you believe to be the student's major strengths and any areas that may be deficient.
