

Kennesaw State University
Department of Human Services

Recommendation Form

Child Advocacy Studies Training (CAST) Certificate Program

Applicant's Name: _____

Please use this form to make additional copies as needed.

To the Applicant:

Two academic and/or work references are required. The references will become part of your application packet for the Child Advocacy Studies Training (CAST) Certificate. They will be used only for admissions consideration and will not be disclosed to any unauthorized individual without your consent. You have the right to review references in your file unless you voluntarily waive your right of access by signing in the space below.

I have read the information above and I hereby waive do not waive my right of access to this document

Signature: _____ Date: _____

To the Evaluator:

The person named above is applying for admission to the Child Advocacy Studies Training (CAST) Certificate Program. Your name has been given as a person having knowledge of his or her potential readiness and qualifications for undertaking this certificate. You can best help the applicant by being frank about his or her limitations as well as strengths.

Thank you very much for your assistance. Your reply should be sent to the address below.

Category of Reference: Academic Work

If you do not know the applicant well enough to give a recommendation, please check here:

The Child Advocacy Studies Training (CAST) curriculum focuses on experiential, interdisciplinary, ethical and culturally sensitive content that will provide professionals working with children a common knowledge base for responding to child maltreatment. We are interested in admitting students who are mature and have the commitment to a professional career in child advocacy which carries serious ethical responsibility.

The following questions suggest the kinds of information that will be most useful in making a decision:

1. How long and in what capacity have you known the applicant?
2. In what area of activity and under what conditions has the applicant shown the greatest ability (i.e., strengths)?
3. What is the applicant's attitude toward persons different from themselves?
4. Are there any personal qualities that may limit the applicant's ability to work with children (specifically those who may have been maltreated)?

5. Please evaluate the applicant in each of the following areas:

| | Below Average | Average | Above Average | Unable to Evaluate |
|---|---------------|---------|---------------|--------------------|
| Openness to learning with capacity to change | | | | |
| Intellectual Capacity | | | | |
| Integrity | | | | |
| Emotional Maturity | | | | |
| Emotional Stability | | | | |
| Creativity in Problem Solving | | | | |
| Communication Skills | | | | |
| Concern for Social Problems | | | | |
| Interpersonal Skills | | | | |
| Sensitivity to & Capacity for Accepting Differences in Race, Class, Culture, Lifestyles & Ideas | | | | |
| Ability to Accept Constructive Feedback | | | | |
| Ability to work with children | | | | |

I strongly recommend this applicant for admission, **without** reservation.

I recommend this applicant **with** reservations.

I **do not** recommend this applicant for admission.

Signature of Evaluator: _____

Please Print Name: _____

Title: _____ Phone: _____

Address: _____ City/State/Zip: _____

Date: _____

Evaluator: Please use the self-addressed envelope and sign along the seal.