

Recommendation for Social Worker Position



Department of Recruitment and Staffing
 MONTGOMERY COUNTY PUBLIC SCHOOLS
 7361 Calhoun Place, Suite 401
 Rockville, Maryland 20850

MCPS Form 430-92
May 2007

INSTRUCTIONS: Complete and return to Department of Recruitment and Staffing, Attention Special Education Staffing Team

_____ is being considered for the position of Social Worker. He/she requests and authorizes you to release references and appreciates your completing this form. The information submitted will be confidential.

_____/_____/_____
Signature, Applicant *Date*

I. Based on your professional knowledge, indicate the candidate's abilities in relation to the position for which he/she is applying.

	Excellent	Very Good	Acceptable	Not Acceptable	Do Not Know
A. Personal Attributes					
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conscientiousness/Work Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress Tolerance Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perserverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Management and Administrative Skills					
Decision-Making Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning and Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conceptualization and Problem Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of MCPS Programs, Policies, and Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Special Education Placement Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Interpersonal Skills					
Sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication—Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication—Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Recommendation for the position indicated above:.

Highly recommended Recommended Recommended with reservation Not recommended.

III. Basis for recommendation: Please support your recommendation by specific examples of the candidate's behavior with regard to the categories identified in I. above. Attach a separate sheet, if necessary.

Phone *Signature* *Position* *Relationship to Applicant*

Name of person completing form _____ Business/School Name _____

Business/School Address _____
Street *City* *State* *ZIP Code*