

DEPARTMENT OF CHILDREN AND FAMILIES

Masters Child Welfare Education Program (MCWEP)

PART II: A

SUPERVISOR ASSESSMENT

Instructions:

After reviewing the information about the Masters Child Welfare Education Program, please consider the candidate's application to pursue an MSW through the program.

Please attach a typed and initialed sheet containing the answers to the questions.

Please sign Part B indicating that the applicant is a good candidate to participate in MCWEP and can meet all the obligations and expectations for the program.

Please submit Parts A & B together.

Candidate's Name: _____ Employee ID #: _____

How long have you supervised the candidate?

In evaluating the candidate, answer the following by number as given below.

- 1) Comment on the statement written by the candidate. Are the examples used typical of candidate's work?
- 2) To what extent has candidate evidenced a concern for/acceptance of, workers with different types of personalities, backgrounds and cultures, and an interest in being helpful to them with their problems? Comment on candidate's ability to relate to people with empathy and concern.
- 3) To what extent has the candidate shown ability to evaluate realistically the problems presented in client situations and has candidate used creativity, imagination and flexibility in providing or securing services to meet the problems? How has the candidate been effective in helping workers utilize their own resources to meet their needs or the needs of their families?
- 4) Give an evalu

PART II: B

“Recommendation to participate,” in conjunction with your assessment of the employee’s potential as a promising candidate for this program, signifies an understanding that, if admitted to MCWEP, the candidate may be out of the office for classes and to fulfill field placement obligations several days per week. Candidates will also be required to participate in other program required activities during their enrollment in the program. By making this recommendation, you affirm that reasonable accommodation can be made for coverage during these times to enable the student to fulfill the requirements of the MSW program.

SUPERVISOR RECOMMENDATION

RECOMMENDED TO PARTICIPATE: ()
NOT RECOMMENDED TO PARTICIPATE: ()
COMMENTS:

SIGNATURE: _____ DATE: _____

LOCAL OFFICE MANAGER/DCF MANAGER APPROVAL

APPROVE: ()
DISAPPROVE: ()
COMMENTS:

SIGNATURE: _____ DATE: _____

AREA DIRECTOR APPROVAL (IF APPLICABLE)

APPROVE: ()
DISAPPROVE: ()
COMMENTS:

SIGNATURE: _____ DATE: _____