



CENTER FOR  
HEALTHY COMMUNITIES

at Salisbury University

**Substance Use Disorder Workforce Expansion (SUDWE) Fellowship  
Professional/Academic Reference Letter**

\_\_\_\_\_ (applicant name) is applying for the SUDWE Fellowship which is specifically intended to advance and increase the social work behavioral health workforce to address the treatment needs of people with substance use disorders.

Your impressions of this applicant will be used by the selection committee to assess this individual's appropriateness for this program. If you have additional questions about SUDWE, please contact [SUDWE@salisbury.edu](mailto:SUDWE@salisbury.edu).

**Section 1: Please rate the student on the following areas using the numbered scale below:**

- 5=Exceptional:** "One of the top five students I have had."
- 4=Good:** "Strong student, minimal guidance needed."
- 3=Fair/Developing:** "Needs feedback but responds appropriately in this area."
- 2=Below Average:** "Needs more feedback and education than expected."
- 1=Concerning:** "Patterns of problematic behavior in this area."
- U=Unknown**

**Professionalism** (dress, appearance and conduct)

**Integrity** (upstanding in dealing with peers, class work, and following school & course policy)

**TimeManagement** (on time, meets deadlines, plans ahead as needed)

**Perseverance** (willing to continue to work on projects that may present challenges)

**Cultural Competence** (interacting with diverse colleagues)

**Written Communication** (able to communicate clearly through email and on written assignments)

**Verbal Communication** (effectively communicates thoughts and ideas)

**Section 2:** Would you have any concerns with placing this applicant in an environment where clinical behavioral health services would be delivered to vulnerable or underserved populations, specifically individuals impacted by substance use disorders? If so, please describe.

**Section 3:** Please feel free to include a letter of recommendation if desired.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Course Title: (if applicable) \_\_\_\_\_

Agency: (if applicable) \_\_\_\_\_

**Please email to [SUDWE@salisbury.edu](mailto:SUDWE@salisbury.edu) NO LATER THAN 4/1/2026**