

# Master of Arts in Occupational Therapy Recommendation Form

Applicant's Name \_\_\_\_\_

This is a confidential recommendation and should be sent directly to the Office of Graduate Admission. **Original** documents must be sent to our office. If the applicant has communicated with you regarding her/his wish to view this recommendation, and you have agreed to grant her/his request, please send a **copy** of your recommendation form to the applicant.



1. I have known the applicant as \_\_\_an undergraduate student \_\_\_an associate \_\_\_an employee \_\_\_other \_\_\_\_\_
2. I have known the applicant for a period of \_\_\_years \_\_\_months in my position as: \_\_\_\_\_
3. Please give your appraisal of the applicant on the items listed below of which you have personal knowledge. Rate the applicant in comparison with others you have known in the same capacity. Place a check mark at the appropriate rating.

	Strong	Moderate	Limited	Unable to Judge
Assumes responsibility for own behavior	_____	_____	_____	_____
Reliable and persistent	_____	_____	_____	_____
Organized	_____	_____	_____	_____
Overall academic ability	_____	_____	_____	_____
Written communication skills	_____	_____	_____	_____
Oral communication skills	_____	_____	_____	_____
Ability to conceptualize	_____	_____	_____	_____
Ability to form positive working relationships with co-workers and clients	_____	_____	_____	_____
Willingness to take initiative	_____	_____	_____	_____
Ability to make mature judgments	_____	_____	_____	_____
Ability to work with people from differing backgrounds	_____	_____	_____	_____
Leadership ability	_____	_____	_____	_____
Ability to function collaboratively	_____	_____	_____	_____
Commitment to ethical behavior	_____	_____	_____	_____
Ability to deal effectively with stress	_____	_____	_____	_____
Ability to engage in problem solving	_____	_____	_____	_____

