



OCCUPATIONAL THERAPY ASSISTANT PROGRAM

Letter of Recommendation for Admission

TO THE APPLICANT:

Complete the section below and sign. The evaluator completes the rest of the form.

Applicant's Name (Print): _____

City Colleges Student ID Number: _____

- I waive my right to see this form after it is completed.
- I do not waive my right to see this form after it is completed

(This statement follows Federal Law P.L. 93-380, the Family Education Rights and Privacy Act of 1974).

Applicant's Signature: _____ Date: _____

TO THE EVALUATOR:

The person whose name appears above is applying to the Occupational Therapy Assistant program at Wilbur Wright College. The applicant is requesting a recommendation to support his/her application. The Occupational Therapy Assistant program seeks to admit individuals who have the potential to engage in scholarly work, think critically and provide leadership in the profession. We appreciate your assistance in evaluating this applicant on these and other essential characteristics.

The provider of this recommendation must be an instructor, employer, work supervisor, or community service supervisor. **No personal references or references from family members or friends will be accepted.**

In what capacity have you known the applicant: _____

How long have you known the applicant? _____

Please complete the rating grid by evaluating the applicant in relationship to other individuals you have known in a similar capacity.

	<u>Excellent</u>	<u>Good</u>	<u>Improvement</u>	<u>Observed</u>
<u>INTERPERSONAL SKILLS</u>				
Peer Interactions:				
Initiates peer interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows respect for peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates with peer on tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingly offers to help others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactions with Authority:				
Willingly complies with expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts constructive suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows respect for authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>PROBLEM-SOLVING SKILLS</u>				
Completes tasks in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies resources to solve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tries varied approaches to solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMUNICATION SKILLS</u>				
Oral Communication:				
Communicates using language appropriate to the designated audience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates with others in a mature, professional manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication:				
Demonstrates acceptable use of spelling, grammar, punctuation, and sentence structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develops and organizes ideas purposefully and effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Excellent</u>	<u>Good</u>	<u>Needs Improvement</u>	<u>Not Observed</u>
<u>COMMITMENT TO LEARNING/WORK</u>				
Sets and attains goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independently seeks out opportunities for growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks to achieve beyond minimum expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL COMMENTS:

Please check the statement that best describes your overall recommendation of the individual applying to the OTA degree program at Wilbur Wright College.

Strongly Recommend ___ Recommend ___ Recommend with Reservations ___ Not Recommend ___

Name and Title (**Print**): _____

Organization: _____

Address: _____

Telephone Number: _____ E-mail Address: _____

Signature: _____ Date: _____

Please feel free to include further narrative comments on the applicant's potential for academic performance and professional development in a separate letter. After completing this recommendation, please enclose in an envelope, seal the envelope, and **sign over the SEAL**. Please return this completed form in the envelope to the applicant who will submit it with the other required materials.