

OZARKS TECHNICAL COMMUNITY COLLEGE

Occupational Therapy Assistant Program – DUE by April 15

Student should verify that their application is complete before the deadline.

NOTE:

- The applicant cannot be scored unless both sides of this form are completed.
- Recommendations should be completed by previous or current supervisors or instructors.
- This reference may not be completed by a family member.

Applicant's Name _____ has given this form to you so that you may support his/her application for admission into Ozarks Technical Community College *Occupational Therapy Assistant* Program.

Applicant hereby authorizes individual/business/firm/institution to whom this form has been addressed to issue any information regarding their service, character, personality and competencies, and do hereby unconditionally release named individual/business/firm/institution from all liability for any damage whatsoever which might result from furnishing this information.

Your Response Will Be Kept Confidential

Your assessment of the applicant's characteristics will enable the program to evaluate whether this applicant meets its standards. Please respond to all questions to the best of your ability.

Applicant's Signature _____ Date _____

The information you provide will be used only in the application file of this applicant, and will be held in strict confidence as delineated by the Family Educational Rights and Privacy Act of 1974.

How well do you know this applicant?

Very well _____ Well _____ Not Well _____ Not at all _____

Length of acquaintance:

Years _____ Months _____ Semesters _____

Rating of Applicant - (based upon your direct observation & knowledge of the applicant)

	Exceptional	Above Average	Average	Below Average	Poor
<i>Attitude and Personality</i> – cooperative, confident, courteous, accepts criticism					
<i>Optional comments:</i>					

	Exceptional	Above Average	Average	Below Average	Poor
<i>Reliability</i> – honest and dependable, ethical behavior, attendance					
<i>Optional comments:</i>					
<i>Work Habits and Industry</i> – motivation, ability to organize, takes initiative, works well with others					
<i>Optional comments:</i>					
<i>Performance Under Pressure</i> – problem solving skills, critical thinking skills, appropriate response to stress					
<i>Optional comments:</i>					
<i>Communication</i> – verbal and written clarity, confidence in conversation, capacity for empathy					
<i>Optional comments:</i>					

Recommendation for the Occupational Therapy Assistant Program:

_____ Highly Recommend _____ Recommend _____ Do Not Recommend

Signature _____ Date _____

Print Name _____

Title or Position _____ Phone _____

Directions for submission:

- Email to alliedhealth@otc.edu (preferred method)
- Fax to (417) 447-8806
- Hand-deliver to the Allied Health Office (Lincoln Hall, room 210)

Updated 1/28/20