

OZARKS TECHNICAL COMMUNITY COLLEGE

Respiratory Therapy Reference – DUE by September 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 *Respiratory Therapy* 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.

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### 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 Respiratory Therapy Program:

\_\_\_\_\_ Highly Recommend    \_\_\_\_\_ Recommend    \_\_\_\_\_ Do Not Recommend

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title or Position \_\_\_\_\_ Phone \_\_\_\_\_

**Directions for submission:**

- Email to [healthsciences@otc.edu](mailto:healthsciences@otc.edu) (preferred method)
- Fax to (417) 447-8806
- Hand-deliver to the Health Sciences office (Lincoln Hall, room 210)

Updated 3/3/2022