

# Occupational Therapy Assistant Program



## Optional Form: Recommendation for Admission

*This form is not required for admission. However, any additional information we receive regarding student character is appreciated and will be reviewed during the admissions process. Please note that recommendations are more highly considered when they are from a person who is not related to the applicant. Recommendations are more highly considered when they are from a person who can speak to the applicants educational and/or work accomplishments, and/or from a person in the health care field and familiar with the rigors of a health care educational program.*

***This form must be submitted in a sealed envelope.***

Name of Applicant: \_\_\_\_\_

**Notice to Applicant:** Please fill in your name and carefully read the paragraph below. Then give this form to an individual with knowledge of your academic and professional potential.

**Confidentiality:** The Family Education Rights and Privacy Act of 1974 (FERPA), as amended, permits enrolled students access to letters of recommendation retained in their files. The applicant may waive this right of access, in which instance retained letters will be considered confidential and will not typically be available to students. If you wish to waive your right of access to this letter, please indicate by signing on the line below.

***By signing below, you agree to waive all right to review the content of this letter of recommendation.***

Name of person completing this form: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity do you know the applicant?

Student     Employee     Volunteer     Other \_\_\_\_\_

**Why do you think this person will succeed as an Occupational Therapy Assistant?**

Please describe any qualifications, traits or accomplishments you feel are significant in demonstrating the applicants' ability to complete the Occupational Therapy Assistant Program.

**What might be barriers to success for this applicant?**

Would you be comfortable with the applicant working with your friend or your family member? Why or Why not?

**Please assess the applicants' qualities below:**

	Excellent	Good	Average	Poor	Unable to Rate
Intellectual Competence					
Emotional Stability					
Leadership Ability					
Dependability					
Interpersonal Skills					
Oral Communications					
Written Communication					
Moral Character					
Self-Motivation					

**Please identify your level of confidence in this person's ability to complete OTA Program:**

**Highly Recommend**

**Recommend**

**Recommend with Reservations**

**Do Not Recommend**

**Signature of Person completing this form:** \_\_\_\_\_ **Date:**

\_\_\_\_\_

**Place of Employment:**

\_\_\_\_\_

**Title:**

\_\_\_\_\_

\_\_\_\_\_

**Address:**

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**Telephone#:** \_\_\_\_\_

**Email: -**

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**If we have questions or need clarification, may we contact you? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**Additional Comments:**

**We suggest that you provide this form, in a sealed envelope with your signature over the seal, back to the applicant. The applicant will then include their letter with their completed application.**