

**Department of Occupational Therapy Education  
University of Kansas Medical Center**

Applicant: complete this section

Applicant's name: \_\_\_\_\_

Current address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

- I waive the right to inspect this confidential recommendation when it becomes part of my file at the University of Kansas Medical Center. I understand that, according to the Family Educational Rights and Privacy Act of 1974, this waiver is optional.

Signature: \_\_\_\_\_ date: \_\_\_\_\_

**DIRECTIONS TO THE RECOMMENDER:**

The person named above is applying for admission to the graduate program in Occupational Therapy at The University of Kansas Medical Center. You have been selected by the applicant to submit your comments on the applicant's qualifications for graduate work. The information supplied on this form will be used for the purpose of assessing the applicant's qualifications for admission. Your comments will be held confidential if the applicant has checked the box above. Please mail this form directly to our department. [Graduate Program in Occupational Therapy, 3033 Robinson Building; University of Kansas Medical Center, 3901 Rainbow Blvd., Kansas City, KS 66160-7602]. Thank you for your assistance.

1. How long have you known the applicant? (years, months): \_\_\_\_\_
2. Have you been in a position to observe the applicant's academic or work traits and skills?
  - Yes If yes, please describe the circumstances.
  - No
3. What are the applicant's primary strengths?
4. What are the applicant's primary weaknesses or liabilities? How might these affect the applicant's performance in the graduate program and future career management?

5. From your knowledge of the applicant, how would you assess his/her potential for graduate study?  
What is the basis for this assessment?

6. Please complete the ratings below by evaluating the applicant in relation to other candidates you have known in a similar capacity.

	Outstanding (top 10%)	Above Average	Average	Below Average	No basis for Judgment
Cognitive ability					
Ability to work with others					
Initiative					
Maturity					
Effectiveness in speaking					
Effectiveness in writing					

I would

- strongly recommend
- recommend
- recommend with reservations
- not recommend

that the applicant be admitted to the graduate program in Occupational Therapy at the University of Kansas Medical Center.

Name/Title: \_\_\_\_\_

Institution/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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