

University of Puget Sound 2005 Occupational Therapy Program Application
Completed Form Should Be Mailed or Faxed to
Office of Admission, 1500 North Warner Street #1062, Tacoma, WA 98416-1062, (253) 879-3211 or (800) 396-7191
Fax 253-879-3993

EMPLOYER REFERENCE

This form is to be completed by an employer or supervisor, preferably in a service-related field.

PART I: TO BE COMPLETED BY THE APPLICANT

A. Applicant's full name - LAST NAME FIRST NAME MIDDLE NAME

B. Under the Family Education Rights & Privacy Act, you have the right, if you enroll at the University of Puget Sound, to review letters of recommendation unless you have executed a waiver. Please indicate below whether or not you wish to waive this right.

___ I waive ___ I do not waive my right to see this appraisal.

SIGNATURE of applicant
(access is automatically waived if signature is absent)

DATE _____

PART II: TO BE COMPLETED BY THE EVALUATOR (please print)

A. Name and Title of Evaluator _____
name title

B. Facility/Organization _____

C. Address _____
street
city state zip code telephone (____) _____

D. How long (including hours per week) have you known the applicant? _____
(e.g., 4 hours/week, June '03 - Sept. '04)

In what capacity have you known the applicant? _____

The applicant has applied for admission to the University of Puget Sound Occupational Therapy Program. The Occupational Therapy Admission Committee does not require or grant personal interviews as part of its selection process. Your thoughtful appraisal of the candidate's abilities and potential can be most helpful. The confidentiality of your response will be maintained unless the applicant selected "I do not waive" above.

In order to maintain consistency of evaluation of all applicants, advising board evaluations or formal letters substituted in place of this form ARE NOT ACCEPTABLE. You are welcome to include a letter IN ADDITION to this form if you so desire. If you feel you cannot complete this form on behalf of the applicant, please advise the applicant at once.

Prompt completion of this form is appreciated by both the applicant and the admission committee; the application is not complete until your recommendation is received. **All materials must be postmarked or date stamped by January 15, 2005.**
Thank you for your cooperation.

COMPLETION OF REVERSE SIDE IS REQUIRED BY RESPONDENT

Compared to all other students whom you have rated or recommended, how would you rate this candidate? Please assess the applicant as fairly as you can in each of the following categories by placing an X in the appropriate box beneath the appropriate rating.

	<u>top 5 %</u> <u>consistently exceeds</u> expectations	<u>next 10%</u> <u>frequently</u> <u>exceeds</u> expectations	<u>next 10%</u> <u>occasionally</u> <u>exceeds</u> expectations	<u>meets</u> expectations	<u>some concerns</u> or reservations	no basis for judgment
COMMUNICATION ORAL: Spoken language is organized and focused						
WRITTEN: Written language shows skills with grammar and syntax						
INTELLECTUAL/ACADEMIC ABILITY a. Learns new concepts quickly						
b. Understands and integrates complex information						
c. Solves problems through the application of logic						
CURIOSITY Asks questions in an attempt to organize his or her thinking						
INTERPERSONAL SKILLS a. with patients, or clients						
b. with peers						
c. with supervisors, directors, or faculty						
MATURITY/Common Sense Stays on task, asks appropriate questions, demonstrates emotional stability						
PERFORMANCE UNDER PRESSURE Maintains a professional demeanor Handles multiple responsibilities						
RELIABILITY/CONSCIENTIOUSNESS Follows through with tasks Takes initiative to solve problems						
CREATIVITY Seeks and finds alternate solutions Adapts to changing situations						
INTEGRITY Behaves in an ethical manner						
LEADERSHIP Is willing to express his or her beliefs in the interest of the group Follows the leadership of others						

The most helpful evaluations are those which address an applicant's possible deficiencies, as well as strengths. Does the applicant exhibit any behavior or attitude which would be of concern to you, or which may impact the applicant's success in the occupational therapy program? Please specify.

Please characterize briefly this applicant as an individual.

RECOMMENDATION OVERVIEW: (please check one level)
☐ I recommend this applicant with **UTMOST CONFIDENCE**.
☐ I recommend this applicant with **MODERATE CONFIDENCE**.
☐ I recommend this applicant.
☐ I recommend this applicant with reservation.
☐ I do not recommend this applicant.

SIGNATURE of EVALUATOR

TITLE

DATE