



RETURN THIS FORM TO:
 Rutgers, The State University of New Jersey
 Office of Enrollment Management
 School of Health Professions
 Stanley S. Bergen, Jr. Building
 65 Bergen Street, Room 149
 Newark, New Jersey 07101-1709

**Occupational Therapy Assistant
 Applicant Recommendation**

To the Applicant:

Please provide your name, and check one of the privacy statements provided. Sign, date and forward this form to the individual providing your recommendation.

Full Name (Print):	
<input type="checkbox"/>	I wish to have access to this form and I understand that under the Family Education Rights to Privacy Act of 1974, 20 U.S.C.A. Par. 323 g (a) and P.L. 397 of 1978, I have the right to read this recommendation.
<input type="checkbox"/>	I wish this form to be confidential and hereby waive any and all access rights granted me by the above laws to this recommendation.
Applicant Signature:	Date:

To the Applicant's Supporter:

The above applicant is seeking admission to the Rutgers School of Health Professions Associate Degree Program in Occupational Therapy Assistant and is requesting that you provide a recommendation. Please note that the applicant has specified above whether or not they will have access to this form and any ratings or comments you provide.

If you agree to these conditions, please provide your recommendation by (1) checking the box in the column that corresponds to your rating of the applicant on each of the listed attributes, using the scale provided; (2) providing your summary recommendation, and (3) elaborating in writing on any aspect of your assessment using a separate typewritten page.

Please mail the completed form to: **Rutgers School of Health Professions, Office of Enrollment SManagement, Stanley S. Bergen, Jr. Building, 65 Bergen Street, Room 149, Newark, New Jersey, 07101-1079**

Attribute	Rating				
	Outstanding	Good	Satisfactory	Unsatisfactory	Not Observed
Oral Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summary Recommendation (check one)	Highly Recommend	Recommend	Recommend with Reservations	Do Not Recommend
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name (Print):	Title:	Date:
Signature:	Relationship to Applicant:	
Institution/Organization:	Contact Information (phone, e-mail, etc):	

Please elaborate in writing on any of your ratings or your summary recommendation on a separate typewritten page.