



**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:	
<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:	I Date:

To the Applicant's Supporter:

The above applicant is seeking admission to the Rutgers School of Health Professions Bachelor 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) providing a written summary on any aspect of your assessment and (4) if applicable, providing documentation of observation hours completed by the applicant with you (OT/OTA only).

Please upload this form and additional supporting documentation you would like to include into the application system.

Attribute	Rating				
	Outstanding	Good	Satisfactory	Unsatisfactory	Not Observed
Oral Communication Skills					
Written Communication Skills					
Interpersonal Skills					
Organizational Ability					
Problem Solving Skills					
Initiative					
Adaptability					
Dependability					

Summary Recommendation (check one)	Highly Recommend	Recommend	Recommend with Reservations	Do Not Recommend

Recommendation Written Summary:

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To be completed by an OT/OTA only

Observation Hours Documentation	
Location/Company where Observation occurred:	
OT/OTA Name & Credentials:	
Hours completed:	
Dates of observation:	
<i>I attest that the OTA applicant completed the hours of observation documented above.</i>	
Name (Print):	
Signature:	
Date:	

All Applicant Supporters please complete the section below.

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