

College of Health Sciences
Department of Occupational Therapy



RECOMMENDATION FORM

TO THE APPLICANT:

Complete the section below and sign. The evaluator completes the rest of the form.

Applicant Name (print): _____

I waive my right to see this form after it is completed:

I do not waive my right to see this form after it is completed:

(This statement is in compliance with The Family Education Rights and Privacy Act of 1974, Federal Law P.L. 93-380).

Applicant Signature: _____ Date: _____

TO THE EVALUATOR:

The person whose name appears above is applying to the Master of Occupational Therapy (MOT) program at Chicago State University. The applicant is requesting a recommendation to support his/her application. The Department of Occupational Therapy seeks to admit individuals, who have the potential to engage in scholarly work, think critically and provide leadership in the profession. We appreciate your assistance in evaluating this applicant on these and other essential characteristics.

The provider of this recommendation must be an upper division instructor (courses above the 200 level), employer, work supervisor, or community service supervisor. No personal references or references from family members will be accepted.

In what capacity have you known the applicant? (If an instructor, indicate the course and course number)

How long have you known the applicant? _____

Please complete the rating grid by evaluating the applicant in relationship to other individuals you have known in a similar capacity.

Qualities	Excellent Upper 10%	Above Average	Average	Below Average	Unable to Judge
1. Responsibility/Integrity – Accepts feedback, taking responsibility for own behavior and works independently. Trustworthy, dependable, and reliable					
2. Self Assessment – Able to reflect on own abilities and weaknesses. Initiates and completes plans for change.					
3. Initiative – Begins and completes assigned tasks without reminders. Asks questions and makes suggestions appropriately.					
4. Problem Solving Skills – Thinks analytically. Recognizes problems and seeks solutions. Seeks additional information.					
5. Organizational Abilities – Ability to plan, schedule and complete work. Able to adapt to environmental demands. Flexibility.					
6. Leadership – Ability to encourage participation in others. Interacts well with groups and facilitate task completion.					
7. Ability To Work With Others – respectful of others opinions, active in group discussions. Team oriented.					
8. Effectiveness In Speaking – Ability to make clear, concise oral presentation of facts, ideas or opinions.					
9. Effectiveness In Written Communication – Writes clearly. Demonstrates an ability to organize information while using good syntax structure and spelling.					
10. Potential For Scholarly Work- Willingness to investigate information, ability to conceptualize material					

Please check the statement that best describes your overall recommendation of the individual applying to the MOT degree program at Chicago State University.

Strongly Recommend Recommend Recommend with Reservations Not Recommend

Name and Title: _____

Organization: _____

Address: _____

Telephone Number: _____ E-mail Address: _____

Signature: _____ Date: _____

Please feel free to include further narrative comments on the applicant's potential for academic performance and professional development in a separate letter. After completing this form, please enclose in an envelope, seal the envelope and sign along the seal.
Mail to:

**Department of Occupational Therapy
Chicago State University
9501 South King Drive
Douglas Library Room 132
Chicago, IL. 60628**