

Occupational Therapy Program

Recommendation Form

Applicant: Please complete the upper section of this form, including your name, address, waiver or nonwaiver of access to letters of recommendation, signature, and date. Give the form to the individual agreeing to provide a recommendation. The individual providing the recommendation should return the completed form to you in a sealed envelope with their signature across the seal.

Address:			
Street	City	State	Zip
The Family Education Rights an access to certain educational rebelow indicates whether this rec	cords, including lette	s of recommendation.	•
I do do not waive my rig Program's applicant recommend		rtheastern State Universi	ty Occupational The
Student Signature:		Date:	
The student listed above has Northeastern State University. abilities, and potential for succapplicant in a sealed envelope and	We are asking for tess. Thank you for	our assistance in evaluation of the contract o	ation the student's
In what capacity have you know	n this applicant?		
How long have you known him/h	202		

Please rank the applicant according to the following issues by circling the number that best reflects the person's characteristics.

5= excellent	N/A= not ob:		1= p	1= poor			
Organizational Skills	1	2	3	4	5	N/A	
Cooperation	1	2	3	4	5	N/A	
Professionalism	1	2	3	4	5	N/A	
Oral Communication	1	2	3	4	5	N/A	
Written Communication	n 1	2	3	4	5	N/A	
Academic Potential	1	2	3	4	5	N/A	
Ethics/Integrity	1	2	3	4	5	N/A	
Maturity	1	2	3	4	5	N/A	
Judgment	1	2	3	4	5	N/A	
Social Skills	1	2	3	4	5	N/A	

Ethics/Integrit	У	1	2	3	4	5	N/A	
Maturity		1	2			-	N/A	
Judgment			2 2			5 5	N/A	
Social Skills		1	2	3	4	5	N/A	
Admission to	he Occupational	Thera	ıpy Progi	ram is:				
	highly rec	omm	ended					
	recomme	nded						
	not recom	nmen	ded					
Additional Cor	nments:							
Name:								
Position:								
	ution:							
	mber:							
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