



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 observed			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	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

Admission to the Occupational Therapy Program is:

\_\_\_ highly recommended

\_\_\_ recommended

\_\_\_ not recommended

Additional Comments:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Address/Institution: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_