

Saint Francis University
Department of Occupational Therapy
P.O. Box 600
Loretto, PA 15940-0600
814-472-3899

Professional Recommendation Form

TO BE COMPLETED BY THE APPLICANT:

Applicant Name: _____

Social Security Number (last four digits only for verification) _____

Please check and sign below:

I hereby waive ____ do not waive ____ my right to have access to this evaluation form required for admission to the Saint Francis University Master of Occupational Therapy Program.

Signature of Applicant _____ Date _____

(If no check is made above, the Graduate Admissions Committee assumes that you do not waive access.)

TO BE COMPLETED BY THE EVALUATOR (Part 1):

Name of Evaluator: *(please print)* _____

Position / Title: _____

Address: _____

Daytime Telephone: (_____) _____

Please check and sign below:

This evaluation is submitted with understanding that the applicant has ____ has not ____ waived access as indicated above.

SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY THE EVALUATOR (Part 2):

Name of Applicant: _____

Name of Evaluator: _____

1. In what capacity did/do you work with the applicant?

2. How long have you known the applicant? _____

3. Please rate the applicant on the following grid relative to others that you have known in the same capacity in recent years.

	Exceptional	Good	Average	Below Average	Cannot Evaluate
Academic Performance					
Interpersonal Skills (Ability to relate to others)					
Motivation for pursuing a career as a health professional					
Personal maturity					
Adaptability / Flexibility					

4. Please comment on the applicant's ability to relate constructively and diplomatically with other people.

5. What are the applicant's greatest strengths relative to a career as an occupational therapist?

6. What are the applicant's greatest weaknesses relative to a career as an occupational therapist?

Please feel free to make any further comments that you would like the Graduate Admissions Committee to consider in making its decision regarding this applicant on a separate sheet of paper.

SIGNATURE: _____ DATE: _____