

OCCUPATIONAL THERAPY ASSISTANT PROGRAM
Reference Request

I understand that Federal law provides me, after enrollment, a right of access to this statement of recommendation. I also understand that I have the right to hereby waive, do not waive (check one) this right of access.

APPLICANT SIGNATURE: _____ DATE: _____

_____ has applied for admission to the Occupational Therapy Assistant Program at Southwestern Oklahoma State University/Caddo Kiowa Technology Center, and has listed you as a professional reference. Please note that an Occupational Therapy Assistant must assume responsibilities relevant to individual health needs. We solicit your frank evaluation to assist us in deciding whether or not the applicant should be accepted into the program. **We ask that a high rating be given only to a truly superior individual. Additional comments are encouraged. Note the document mailing instructions below.**

How long have you known the applicant? _____

What has been your association with the applicant? _____

Please rate the following characteristics:

	Fair	Average	Good	Very Good	Superior	Unable to Appraise
Reliability	_____	_____	_____	_____	_____	_____
Integrity	_____	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____	_____
Personality	_____	_____	_____	_____	_____	_____
Communication Skills:						
Verbal	_____	_____	_____	_____	_____	_____
Written	_____	_____	_____	_____	_____	_____

Considering the applicant's general qualifications, please rate the applicant as:

Undesirable _____ Fairly Desirable _____ Desirable _____ Very Desirable _____

Additional Comments:

Signed: _____ **Date:** _____

Name: _____ **Position:** _____
(Please Print)

Business Name: _____

Business Address: _____ **Phone:** _____

*Upon completion return to: Brandy Chase, OTA/PTA Program Coordinator,
 SWOSU, 100 Campus Drive, Weatherford, OK 73096*