

OCCUPATIONAL THERAPY REFERENCE FORM

(Confidential)

University of Wisconsin-La Crosse
College of Science & Health
Department of Health Professions
Occupational Therapy Program
 1725 State St., 4031 Health Science Center,
 La Crosse, WI 54601 Phone: 608-785-8470
 E-mail: otprogram@uwlax.edu

To the applicant: Please complete the section of this page above the dotted line and your name on page 2 before sending to the person providing the reference.

WAIVER OF OPTION FOR OPEN OR CLOSED CONFIDENTIAL REFERENCES

The Family Education Rights and Privacy Act of 1974 extends to the University of Wisconsin-La Crosse students the right to inspect and review recommendations written on or after January 1, 1975. The law also permits the student to sign a waiver relinquishing his/her rights to inspect letters of recommendation. The applicant's signature below constitutes a waiver; **no signature means the applicant will have the right to read this reference.**

Date: _____ Applicant's Signature: _____

Applicant's Address: _____

Applicant Name: _____

To the person providing the reference: Thank you for your willingness to provide information regarding this applicant to the UW-La Crosse Occupational Therapy Program. Please complete the form and put it in an envelope. **If the applicant has signed the form above, then seal the envelope and write your signature across the sealed flap. If the applicant has not signed the form above, you do not need to seal the envelope.** Return the envelope to the student so it may be included in his/her application portfolio. **January 15th** is the deadline for the student to submit his/her application portfolio.

How well do you know the applicant? Very well Fairly well Slightly How long have you known the applicant? _____

In what capacity? _____ Has the applicant discussed career goals with you? YES NO

We are anxious to select those individuals whose accomplishments, personal attributes, and abilities indicate that they have potential success as an occupational therapist. Thus, we request your candid appraisal of this applicant by checking the appropriate rating below and by providing narrative comments on page 2.

Characteristics	1 Poor	2 Fair	3 Good	4 Very Good	5 Out- Standing	Unable to Judge
ACHIEVEMENT ORIENTATION: Seek challenges and desire to achieve competence.						
ANALYTICAL SKILLS: Problem-solve, correlate, and process information from multiple sources.						
COMMUNICATION SKILLS:	Verbal: Clear and articulate.					
	Written: Clear and concise writing.					
	Non-Verbal: Aware of own non-verbal cues and responsive to non-verbal cues of others.					
ORGANIZATION: Effectively plan work and manage time.						
RESOURCEFULNESS: Find and manage resources skillfully.						
TEAM SKILLS: Work collaboratively with others.						
CONFIDENCE: Confidence in own judgments and performance.						
MOTIVATION: Depth of commitment to working with people.						
EMPATHY: Sensitivity to the needs of others, consideration, tact.						
CULTURAL COMPETENCE: Respect for persons of diverse cultural, ethnic, socioeconomic backgrounds.						
TOTAL POINTS:						

Applicants Name: _____

Please comment on the applicants' potential for academic success, commitment to working with people, and team skills.

Overall Recommendation: <i>(Please mark the appropriate box.)</i>	This applicant receives my highest recommendation without reservation.	I recommend this applicant with confidence.	I recommend this applicant.	I would not recommend this applicant for admission.
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Signature: _____ Date: _____ Phone: _____ - _____ - _____

Printed Name: _____ Occupation/Position/Title: _____

Facility: _____

Address: _____ City: _____ State: _____ Zip: _____