MERCY ID Number _____

OCCUPATIONAL THERAPY ASSISTANT PROGRAM

Recommendation for Admission

INSTRUCTIONS FOR THE APPLICANT: Please complete the identifying information before delivering this form to the individual from whom you have requested a recommendation. The person who is making the recommendation is to complete the form and return it to the Occupational Therapy Assistant Program at Mercy College.

TO BE COMPLETED BY THE APPLICANT: (Please Print Clearly)

Name of Applicant:_____

Name of Reference:_____

Title of Reference:_____

Waiver Statement

Under the Family Education Rights and Privacy Act of 1974, as amended, (PL 93-380) students are entitled to review their records, including letters of recommendation. It is your right to have access to these recommendations or to decline to do so. The college does not require that you make such a waiver as a condition for admission.

I waive my right of access to this recommendation. I do not wave my right of access to this recommendation.

Signature of Applicant:_____Date:

I hereby authorize: _____ to complete this recommendation, with the understanding that the information will be kept confidential.

THE FOLLOWING IS TO BE COMPLETED BY THE PERSON MAKING THE RECOMMENDATION:

The person above is applying for admission to Occupational Therapy Assistant Program at Mercy College and has selected you to provide a reference. The information supplied in this form will be held in strict confidence and will be used only for the purpose of assessing the applicant's qualifications for admission. Please note that in compliance with the law, if the applicant does not waive the right of access, this form will be accessible to the applicant.

1. How long have you known the applicant? (**Please specify years/months**) _____

2. In what capacity do you know the applicant? **Please be specific:**

   Colleague Supervisor Professor Other: _____

MERCY ID Number _____

3. If you or a family member had an injury or disability requiring occupational therapy, would you want this applicant (upon appropriate licensure/certification) as your occupational therapy assistant? Why or why not?

4. Please give your evaluation of the applicant on the items listed below of which you have personal knowledge. Rate the applicant in comparison with others you have known in the same capacity. Place an "X" in the box of the appropriate rating.

	Excellent	**Good**	**Average**	**Inadequate**	**Unable to Rate**
Assumes responsibility for own behavior	☐	☐	☐	☐	☐
Is reliable and consistent	☐	☐	☐	☐	☐
Demonstrates ethical behavior	☐	☐	☐	☐	☐
Level of written communication skills	☐	☐	☐	☐	☐
Level of oral communication skills	☐	☐	☐	☐	☐
Ability to make mature judgments	☐	☐	☐	☐	☐

5. Please describe those qualifications, traits, or accomplishments you feel are significant in demonstrating the applicant's ability to complete the Occupational Therapy Assistant Program.

6. Have you observed any weaknesses or liabilities, which would in any way affect the applicant's performance in the Occupational Therapy Assistant's Program?

7. **Recommendation for Admission**: ☐ I would strongly recommend. ☐ I would recommend. ☐ I would recommend with reservations. ☐ I would not recommend.

Reference's Signature:_____ Date:_____
Reference's Name (print):_____ Title:_____

Organization/Title:_____

Address:

_____

Telephone Number:_____ Email:

_____

If we need clarification, may we contact you? ☐ Yes ☐ No

Please return this recommendation form in a sealed envelope with your signature on the back flap. All references must be received **no later than March 31st/October 31st** ***OR* two weeks from the scheduled interview.**

Scanned/Emailed PDF copies are accepted

Prof. C. Dumitrescu, MS, OTR/L, Program Director
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