**DOCTOR OF OCCUPATIONAL THERAPY PROGRAM**

**Recommendation Form and Letter**

**Section I: To be completed by the Applicant**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Name: |  |  |  |

 Last First Middle

GSU Applicant ID # if known: \_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated term of admission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Under the federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation.

Applicant waives their right:

The recommender should complete this form or write a separate recommendation letter, then submit it to you in a PDF format for you to upload to your application.

The applicant does not waive their rights:

The Recommender has been supplied with a stamped addressed envelope: Governors State University, Dept. of Occupational Therapy, Attn: Admissions Coordinator, One University Parkway, University Park, IL 60484.

**Section II: To be completed by the Recommender**

Recommender Name: Title:

Institution or Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title or Position:

Address: City: Zip:

Evaluation:

1. How long have you known the applicant?
2. In what capacity:

Please complete the following chart to indicate his/her ratings:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Category | No Basis for Judgment | Lower 50% | Top 50% | Top 25% | Top 10% |
|  |  |  |  |  |  |
| Analytic/Research Ability |  |  |  |  |  |
| Ability to Work with Others |  |  |  |  |  |
| Motivation for Graduate Study |  |  |  |  |  |
| Written Communication Skills |  |  |  |  |  |
| Oral Communication Skills |  |  |  |  |  |
| Leadership |  |  |  |  |  |
| Academic Performance |  |  |  |  |  |
| Professional Integrity |  |  |  |  |  |
| Organizational Ability |  |  |  |  |  |

Please include a statement about the application's strengths and weaknesses and potential for success in the Doctor of Occupational Therapy program. Address as many of the categories in the above rating chart, including but not limited to the following:

* Assess the applicant’s employment or volunteer experience.
* Describe the characteristics of the applicant that you think provide evidence for the potential to become an effective leader.
* Evaluate the applicant’s sensitivity to diversity and ability to interact comfortably with persons who are different from her or him.
* Describe how you think the applicant displays personal values and attitudes consistent with ethical conduct in the social and human services professions.
* Rate the applicant’s potential to successfully complete a post-professional doctoral program in occupational therapy in a curriculum that stresses, theory, research, and applied problem-solving. Touch on the applicant’s intellectual potential, oral and written communication skills, facility with research, and ability to think critically.

**Statement of Recommendation**

**(write here or include a separate document)**

I am completing this Recommendation Form and Statement of Recommendation to

 (choose from employer/supervisor; OT colleague; person who can attest to

 scholarly potential)

Recommender Signature: Date: