

**EASTERN KENTUCKY UNIVERSITY**  
**LEARNING TO EMPOWER LIVES THROUGH OCCUPATION**  
**DEPARTMENT OF OCCUPATIONAL THERAPY**  
**103 Disney Building, Richmond, KY 40475-3102 – 859-622-3300**  
**Applicant for Master of Science in Occupational Therapy**  
**RECOMMENDATION FORM**

Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

The above applicant has applied for admission to the Master of Science Degree in Occupational Therapy at Eastern Kentucky University. Your name has been given as a reference, and you are asked to evaluate the applicant.

Please place an **X** in the rating column appropriate to your assessment of the applicant.

	<b>3 Above Average</b>	<b>2 Average</b>	<b>1 Below Average</b>		<b>Comments</b>
<b>1. Effective Use of Time and Resources:</b> effectively plans and manages time; organized					
<b>2. Responsibility and ethics:</b> fulfills commitments; accountable for actions and outcomes.					
<b>3. Commitment to Learning:</b> Ability to self-assess, self-correct and self-direct; identifies needs and sources of learning; seeks new knowledge and understanding					
<b>4. Problem Solving and creativity:</b> Recognizes and defines problems; develops and implements solutions, evaluates outcomes					
<b>5. Flexibility:</b> Demonstrates the ability to modify ideas, observations, feelings actions, and responses. Is able to see things from several perspectives and is open to change.					
<b>6. Perseverance:</b> Steadfastness in purpose, disciplined work habits, stamina and endurance; ability to cope with life situation & stress					
<b>7. Reasoning:</b> Shows sound, practical judgment; questions and debates logically; distinguishes the relevant from the irrelevant					
<b>8. Interpersonal Skills:</b> Appropriately and effectively responds to the feelings and needs of others					

<b>9. Communication Skills:</b> Command of oral and/or written language, clarity of expression					
<b>10. Cooperativeness:</b> Works effectively with peers and supervisors; works effectively in groups					
<b>11. Leadership:</b> Takes initiative, is able to obtain cooperation from others					

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Please use this space for any additional observations about the applicant:  
Strengths:

Area(s), if any, where improvement might be needed:

Please check the statement below that best summarizes your recommendation for this application to the graduate program in occupational therapy.

- Recommend highly**
- Recommend**
- Recommend with stipulation or reservation (please explain)**

\_\_\_\_\_

- Do Not Recommend**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_

Email Address: \_\_\_\_\_

Position \_\_\_\_\_

Upon completion of this form, please forward it directly to:

**Eastern Kentucky University  
Department of Occupational Therapy  
521 Lancaster Avenue  
103 Disney Building  
Richmond, KY 40475**