Division of Occupational Therapy
Brooklyn Campus • Long Island University
1 University Plaza • Brooklyn, NY 11201-5372

Reference Form

Please type or print legibly.

Applicant Name: _____
Last First Middle

Mailing Address: _____

_____
City State Zip Code

Please check here: ☐I DO ☐I DO NOT waive my right to access to review this letter of reference.
In accordance with the provisions of the Family Education Rights to Privacy Act of 1974.
(Note: If you check I DO, the recommendation will remain confidential: If you check I DO NOT, you may review the recommendation after you are a matriculated student at Long Island University.)

_____ _____
Applicant's Signature Today's Date

Admissions criteria insure that the students selected have the best potential to meet the academic and professional challenges of a career in Occupational Therapy. Candidates need to possess not only strong academic qualifications, but also a range of skills and personal characteristics that will assure ethical, competent, and sensitive care in providing for the health and welfare of others. Please assess the applicant's qualifications using the list below. Rank the applicant in comparison to others you have known in similar capacity.

1. Explain in what capacity and how long have you known the applicant?

_____
_____
_____
_____

2. Describe the applicant's greatest strengths that would support his/her choice of Occupational Therapy.

_____
_____
_____
_____

3. Describe attributes that may limit the applicant's potential to be successful.

_____
_____
_____
_____

4. Describe the applicant's style of relating to peers and general interpersonal skills.

_____
_____
_____
_____

Applicant's Name _____

Mailing Address_____

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	Exceptional Top 2%	Very Good Top 10%	Good Top Third	Average Middle Third	Below Average Bottom Third	No Basis for Judgment	COMMENTS
Oral Communication							
Written Communication							
Interpersonal Skills							
Concern for other's welfare							
Flexibility							
Self Confidence							
Realistic Self Assessment							
Ability to set and meet long term goals							
Intellectual Ability/Academic Performance							
Problem Solving/Critical Thinking							
Initiative/Independence							
Integrity							
Dependability							
Professional Potential							

Recommendation for Acceptance: Check One (✓) *Please use the back of this page for any additional comments.

Strongly Recommend
Recommend
Recommend with Reservation
Do Not Recommend

Reference Name_____ Signature_____

Address_____ Daytime Phone_____

Institution_____ May we contact you by phone? ☐Yes ☐No

Title_____ Date_____

Please return to the applicant in a sealed envelope with your signature written over the sealed flap to ensure confidentiality
THANK YOU FOR YOUR TIME AND AFFORT IN COMPLETING THIS RECOMMENDATION.