



OCCUPATIONAL THERAPY PROGRAM
RECOMMENDATION FOR ADMISSION

STUDENT NAME: _____

The above student has applied for admission to the Occupational Therapy program at Mount Mary College. We are asking for you to assist us by indicating your observations in the following areas. Please return this recommendation to the address on the back of the form. **This recommendation cannot be filled out by a friend or family member of the applicant.**

<u>INTERPERSONAL SKILLS</u>	Excellent	Good	Needs Improvement	Not Observed
Peer Interaction:				
Initiates peer interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows respect for peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates with peers on tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingly offers to help others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with Authority:				
Willingly complies with expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts constructive suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows respect for authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>PROBLEM SOLVING SKILLS</u>				
Completes tasks/assignments in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies resources to solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tries varied approaches to solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(OVER)

