401 Medical Park Drive, Concord, NC 28025
704-403-1556 (Phone) · 704-403-2077 (Fax)
www.cabarruscollege.edu
documents@cabarruscollege.edu

Occupational Therapy Program Reference Form

Applicant: Complete the top portion of this form and write your name on the pages that follow. Give the form and a stamped envelope addressed to the Admissions Office at Cabarrus College of Health Sciences to the person providing a reference. The person providing the reference can also email the completed form to **documents@cabarruscollege.edu**.

Applicant's Name (Please Print) Date

The Family Education Rights and Privacy Act of 1974 entitles students to access their educational records, however, with regard to references, students may waive that right. By signing the statement below, the applicant waives his/her right to review this reference and it will remain confidential. If there is no signature, the applicant will have the right to review the reference.

I hereby waive my right to access this reference form, as provided in the Family Education Rights and Privacy Act of 1974.

Applicant's Signature Date

Reference: The above named applicant has requested your reference for admission into the Master's in Occupational Therapy program. Your reference is an important part of the admission process. Therefore, please provide a candid assessment of his/her skills, motivation, and capacity to progress from an occupational therapy assistant to an occupational therapist in a graduate level distance education program. Feel free to attach additional sheets of paper to the form if needed. The completed reference form should be returned to the Admissions Office at Cabarrus College of Health Sciences. Thank you.

Reference's Name (Please Print)	Position/Title
Reference's Employer	
Reference Business Telephone No.	or Email
Reference Signature	Date

How long have you known the applicant? _____Years	How well do you know the applicant? ___ Very well ___ Moderately well ___ Slightly	In what capacity do you know the applicant? ___ Colleague/Co-worker ___ Counselor/Minister ___ Employer/Supervisor ___ Professor/Instructor ___ Other _____

Applicant Name

Please rate the applicant in the following areas:

The applicant's ability to:	Weak (Lower 50 %)	Good/Average (Top 50 %)	Very Good (Top 25%)	Excellent (Top 15 %)	Outstanding (Top 2 %)	Unable to assess	Comments/Examples
Accurately self-assess							
Adapt to changing situations							
Analyze problems and formulate solutions							
Collaborate with others effectively							
Communicate effectively in writing							
Communicate effectively orally							
Complete work by established deadlines							
Engage in self-directed activities							
Exhibit a positive attitude							
Exhibit a professional work ethic							
Manage stress levels							
Persevere toward goals							
Resolve conflicts that may arise							
Respond favorably to suggestions for improvement							
Take initiative to assist others							
Take initiative to learn for personal and professional growth							
Take responsibility for actions							
Use computers and technology							
Work independently							
For OT's to complete: Demonstrate skilled clinical competences in area of practice							

Are there any additional comments related to areas above that you would like to provide?

_____
Applicant Name

Please answer the following questions:

What are the applicant's principal strengths as they relate to success in graduate study and the role of occupational therapist?

The Cabarrus College Master's in Occupational Therapy program is designed to foster growth in the areas listed on the previous page. Which area or areas would you expect to see the greatest growth in the applicant after completing the program?

Occasionally, an individual's earlier scholastic records do not reflect their current academic and clinical capabilities. In your opinion, is the scholastic record as you know it reflective of his/her abilities? ____ Yes ____ No ____ Not able to assess
If you answered "No", please explain.

What is your overall assessment of the applicant's capabilities for graduate work and transitioning from an OTA to OT?
____ Do not recommend ____ Recommend with reservation(s) _____Recommend ____ Highly recommend

If you do not recommend or recommend with reservations, please explain.

Is there anything else you would like to add?